

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082822

FILED
Apr 02, 2009
Secretary of State

Entity Name: CHAPMAN HEALTH GROUP, P.A.

Current Principal Place of Business:

32749 RADIO ROAD
LEESBURG, FL 34788

New Principal Place of Business:

32749 RADIO ROAD
LEESBURG, FL 347883901

Current Mailing Address:

32749 RADIO ROAD
LEESBURG, FL 34788

New Mailing Address:

32749 RADIO ROAD
LEESBURG, FL 347883901

FEI Number: 59-3598824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, TODD N D.C.
32749 RADIO ROAD
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

CHAPMAN, TODD N D.C.
32749 RADIO ROAD
LEESBURG, FL 347883901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TODD CHAPMAN

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPMAN, TODD N D.C.
Address: 32749 RADIO ROAD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAPMAN, TODD N D.C.
Address: 32749 RADIO ROAD
City-St-Zip: LEESBURG, FL 347883901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD CHAPMAN

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date