


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000058316 1. Entity Name DISCOVERY MEDICAL RESEARCH GROUP, INC.	
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Principal Place of Business 2980 S.E. 3RD CT OCALA, FL 34471	Mailing Address P O BOX 3065 OCALA, FL 34478
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04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3666868	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOCAY, HAROLD R
2980 S.E. 3RD CT
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000920258 05/14/08-80038-018 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCAY, HAROLD R 7507 SE 12TH CIRCLE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEK, MELVIN M 3291 SW 17TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLAND, L. ARLIE 1510 SE 73RD PLACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKSHMINARAYANAN, SURESH 4220 SW 20TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWAKOBY, IZUCHUKWU 617 SE 47TH LOOP OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (Melvin M Seek) 4/22/08 352-622-4231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #