

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.



Principal Place of Business
 2980 S.E. 3RD CT
 OCALA, FL 34471

Mailing Address
 P O BOX 3065
 OCALA, FL 34478



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 04-3666868

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000920258
 05/14/08-80038-018 158.75

10. OFFICERS AND DIRECTORS

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

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