

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551398

FILED  
Jan 13, 2008  
Secretary of State

**Entity Name:** MEDICAL MANAGEMENT OF OSAGE BEACH, INC.

**Current Principal Place of Business:**

844 PASSOVER RD.  
OSAGE BEACH, MO 650650659 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 659  
OSAGE BEACH, MO 650650659 US

**New Mailing Address:**

**FEI Number:** 59-1807992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOGAL, CHRISTOPHER  
1115 DELEWARE AVE  
34950  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

FOGAL, CHRISTOPHER  
2112 SOUTH US HIGHWAY 1  
SUITE 201  
FORT PIERCE, FL 34950 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:

01/13/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YACHNOWITZ, STUART,  
Address: 1395 BEECH BLVD.  
City-St-Zip: ATLANTIC BEACH, NY 11509

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STUART YACHNOWITZ

PRES

01/13/2008

Electronic Signature of Signing Officer or Director

Date