


FILED
May 02, 2008 8:00 am
Secretary of State

04-11-2008 90029 030 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 600701 1. Entity Name MOLINA, BURKETT, CHAUHAN, WHEELLEY AND FINK, M.D., P.A.		
Principal Place of Business 1459 CAPTAINS WALK A FORT PIERCE, FL 34950		Mailing Address POST OFFICE BOX 2609 FORT PIERCE, FL 34954-2609
DO NOT WRITE IN THIS SPACE		
		01282008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1225753		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent REDDY, KAMBAM R M.D. 1458A CAPTAINS WALK FORT PIERCE, FL 34950		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: <u>J. R. Reddy</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>1/30/08</u>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REDDY, KAMBAM R M.D. 1459A CAPTAINS WALK FORT PIERCE, FL 34950	
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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: <u>J. R. Reddy</u> <u>4/29/08</u> (772) 468-4520 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE		