


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 028 ***150.00

DOCUMENT # 601409 1. Entity Name CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASSOCIATION					
Principal Place of Business 130 PABLO STREET P.O. BOX 2098 LAKELAND, FL 33806-2098			Mailing Address 130 PABLO STREET P.O. BOX 2098 LAKELAND, FL 33806-2098		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1273583			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 HAIDER, KAMAL 130 PABLO ST LAKELAND, FL 33806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00.. Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR MELTON, JAMES D JR. 130 PABLO ST LAKELAND, FL 338032098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR EASON, DONALD 130 PABLO ST LAKELAND, FL 338032098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR HAIDER, KAMAL 130 PABLO ST LAKELAND, FL 338032098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR TALLO, RAUL 130 PABLO ST LAKELAND, FL 338032098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CARRILLO, LUIS 130 PABLO STREET LAKELAND, FL 338032098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CHAN-PONG, JIMMY 130 PABLO STREET LAKELAND, FL 338032098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/14/08 863-284-5177 Date Daytime Phone #		

40107556



ATTACHMENT

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1. Entity Name

CLARK & DAUGHTREY MEDICAL GROUP
PROFESSIONAL ASSOCIATION

40107556

10 OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIANO, RUBEN
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAING, AUGN
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAN, BRADLEY
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIAR, SUSAN
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, RAUL
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADDOURA, SAMI
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENLOW, CYNTHIA
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESEVERRI, PATRICIA
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, R. DAVID
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, RAUL
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALZONE, WILLIAM
STREET ADDRESS	130 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803-2098

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1. Entity Name

CLARK & DAUGHTREY MEDICAL GROUP
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10 OFFICERS AND DIRECTORS			
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWEN, PHILIP		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPPACHEN, STEPHEN		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUILLINAN, MARY		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDOVAL, BENJAMIN		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDOVAL, SUSAN		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRINDADE, ANTONIO		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VADAPARAMPIL, MATHEW		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIDA, FINAH		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELER, CLIFTON		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE	M	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KHAN, ADIL		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		

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PROFESSIONAL ASSOCIATION

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11. ADDITIONAL/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KHANNA, AVINASH		
STREET ADDRESS	130 PABLO STREET		
CITY-ST-ZIP	LAKELAND, FL 33803-2098		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			