2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

DOCUMENT# 674678

Entity Name: GARY MONTSDEOCA, M.D., P.A.

Current Principal Place of Business:

4343 SUN N LAKE BLVD
SUITE B
SEBRING, FL 33872 US

New Principal Place of Business:

3589 SOUTH HIGHLANDS AVE.
SEBRING, FL 33870 US

Current Mailing Address:

4343 SUN N LAKE BLVD
SUITE B
SEBRING, FL 33872 US

New Mailing Address:

3589 SOUTH HIGHLANDS AVE.
SEBRING, FL 33870 US

FEI Number: 59-2032494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTSDEOCA, GARY, M.D.
4343 SUN N LAKE BLVD
SUITE B
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

MONTSDEOCA, GARY, M.D.P.A.
3589 SOUTH HIGHLANDS AVE.
SEBRING, FL 33870 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: GARY MONTSDEOCA, M.D.P.A. 04/15/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: MONTSDEOCA, GARY,M.D,P.A.
Address: 3589 SOUTH HIGHLANDS AVE.
City-St-Zip: SEBRING, FL 33870 US

I hereby 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 all other like empowered.

SIGNATURE: GARY MONTSDEOCA, M.D. P 04/15/2010
Electronic Signature of Signing Officer or Director Date