## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2008 08:00 Al Secretary of State **DOCUMENT # F95000000989** 1. Entity Name ARNOLD M. ECKHOUSE, D.O., P.C. Principal Place of Business Mailing Address 903 79TH ST S 5401 CENTRAL AVE. ST PETERSBURG, FL 33707 SAINT PETERSBURG, FL 33710 CR2E034 (11/05) 03032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 38-2018946 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ECKHOUSE, ARNOLD M DO NOT WRITE 903 79TH ST S SAINT PETERSBURG, FL 33707 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 04/29/08-80028-019 150.00 PCDS TITLE ECKHOUSE, ARNOLD M NAME STREET ADDRESS 903 79TH ST S CITY-ST-ZIP ST PETERSBURG, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS