

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G52844

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: S.S. MARATHE, M.D., P.A.

## Current Principal Place of Business:

240 S. PARK CIRCLE E.  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

665 STATE ROAD 207  
STE. 102  
ST AUGUSTINE, FL 32084

## Current Mailing Address:

240 S. PARK CIRCLE E.  
ST AUGUSTINE, FL 32086

## New Mailing Address:

665 STATE ROAD 207  
STE. 102  
ST AUGUSTINE, FL 32084

FEI Number: 59-2306793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARATHE, S. S., M.D.  
240 S. PARK CIRCLE EAST  
ST. AUGUSTINE, FL 320862137 US

## Name and Address of New Registered Agent:

MARATHE, S. S., M.D.  
665 STATE ROAD 207  
STE 102  
ST. AUGUSTINE, FL 32084 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARATHE, S S, MD,  
Address: 240 S PARK CIR EAST  
City-St-Zip: ST AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MARATHE, S S, MD,  
Address: 665 STATE ROAD 207  
City-St-Zip: ST AUGUSTINE, FL 32084

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: SHRIRAM MARATHE

MD

04/28/2008

Electronic Signature of Signing Officer or Director

Date