
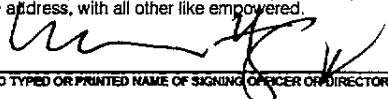


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # G70527 1. Entity Name OAKLANDER PRIMARY MEDICAL ASSOCIATES, P.A.		
Principal Place of Business 311 S. CYPRESS ROAD POMPANO BEACH, FL 33060		Mailing Address 311 S. CYPRESS ROAD POMPANO BEACH, FL 33060
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCCARTHY, DONALD 1 ROYAL PALM WAY #306 BOCA RATON, FL 33432		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		03/01/06 00453189 03/14/06-80010-002 150.00
TITLE	DO NOT WRITE IN THIS SPACE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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NAME		
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CITY-ST-ZIP		
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: 		2-26-06 957 781-7248
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>