

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70527

FILED  
Feb 21, 2008  
Secretary of State

**Entity Name:** OAKLANDER PRIMARY MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

311 S. CYPRESS ROAD  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

311 S. CYPRESS ROAD  
POMPAÑO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 59-2340972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCARTHY, DONALD  
311 S CYPRESS ROAD  
POMPAÑO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCARTHY, DONALD  
Address: 311 S. CYPRESS ROAD  
City-St-Zip: POMPAÑO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONALD D. MCCARTHY

DR

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date