

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19750

FILED
Apr 21, 2008
Secretary of State

Entity Name: CALLMAN AND VALENTE, M.D.'S, P.A.

Current Principal Place of Business:

2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2447753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTE, MALGORZATA, MD
2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

VALENTE, MALGORZATA, MD
2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE, FL 33952 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: MALGORZATA VALENTE

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALLMAN, MARK L., M., D.
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL

Title: V () Delete
Name: VALENTE, MALGORZATA, MD
Address: 2525 HARBOR BLVD. #104
City-St-Zip: PORT CHARLOTTE, FL

Title: S (X) Delete
Name: BLACK, BRENT D MD
Address: 2525 HARBOR BLVD 104
City-St-Zip: PT CHARLOTTE, FL 33952

Title: T (X) Delete
Name: COHEN, JEROME B M.D.
Address: 2525 HARBOR BLVD., #104
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D (X) Delete
Name: NORD, JANICE G MD
Address: 2525 HARBOR BLVD. #104
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALENTE, MALGORZATA MD
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V (X) Change () Addition
Name: BLACK, BRENT D MD
Address: 2525 HARBOR BLVD. #104
City-St-Zip: PORT CHARLOTTE, FL

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

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

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: DAVID E. NOVAK

ADMR

04/21/2008

Electronic Signature of Signing Officer or Director

Date