

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51603

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** OKUN AND MADDALON, M.D.'S, P.A.

**Current Principal Place of Business:**

% JOHN D. OKUN, M.D.  
721 W. ROBERTSON ST, STE 102  
BRANDON, FL 33511

**New Principal Place of Business:**

721 W. ROBERTSON STREET  
SUITE 102  
BRANDON, FL 33511

**Current Mailing Address:**

% JOHN D. OKUN, M.D.  
721 W. ROBERTSON ST, STE 102  
BRANDON, FL 33511

**New Mailing Address:**

721 W. ROBERTSON STREET  
SUITE 102  
BRANDON, FL 33511

**FEI Number:** 59-2755279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OKUN, JOHN D., M.D.  
721 W. ROBERTSON ST  
SUITE 102  
BRANDON, FL 33511 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OKUN, JOHN D., M.D.  
Address: 721 W. ROBERTSON ST #102  
City-St-Zip: BRANDON, FL

Title: D  
Name: MADDALON, ROBERT J., M.D.  
Address: 721 W. ROBERTSON ST #102  
City-St-Zip: BRANDON, FL

Title: D  
Name: LOPEZ, PETER V  
Address: 721 W. ROBERTSON ST 102  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: PAGE, STEVEN M  
Address: 721 W ROBERTSON ST 102  
City-St-Zip: BRANDON, FL 33511 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN D OKUN

DR.

04/28/2011

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

\_\_\_\_\_  
Date