

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88095

FILED  
Jun 22, 2004  
Secretary of State

Entity Name: TALMOR MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

4421 NW 39TH AVE  
1 BLDG 2  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

4140-C NW 27TH LANE  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

4421 NW 39TH AVE  
1 BLDG 2  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

4140-C NW 27TH LANE  
GAINESVILLE, FL 32606 US

FEI Number: 64-0647141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TALMOR, HANOCH M.D.  
4421 NW 39TH AVE  
1 BLDG 2  
GAINESVILLE, FL 32606 US

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

TALMOR, HANOCH M.D.  
4140-C NW 27TH LANE  
GAINESVILLE, FL 32606 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: BROOKE E. WATSON

06/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TALMOR, HANOCH M.D.,  
Address: 4421 NW 39TH AVE #1 BLDG 2  
City-St-Zip: GAINESVILLE, FL

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

Title: D (X) Change ( ) Addition  
Name: TALMOR, HANOCH M.D.,  
Address: 4140-C NW 27TH LANE  
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HANOCH TALMOR, MD

OWNE

06/22/2004

Electronic Signature of Signing Officer or Director

Date