

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88095

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** TALMOR MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 64-0647141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TALMOR, HANOCH M.D.  
4140-C NW 27TH LANE  
GAINESVILLE, FL 32606 US

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

TALMOR, HANOCH M.D.  
4140 NW 27TH LANE  
SUITE C  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/14/2009

Date

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

**OFFICERS AND DIRECTORS:**

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

**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: HANOCH TALMOR M.D.

Electronic Signature of Signing Officer or Director

DR.

01/14/2009

Date