

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03180

Entity Name: APOPKA MEDICAL GROUP, P.A.

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

125 SOUTH PARK AVENUE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

% DEAN BEHNER
P.O. BOX 1107
APOPKA, FL 327041107

New Mailing Address:

125 SOUTH PARK AVENUE
APOPKA, FL 32703 US

FEI Number: 59-2957246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHNER, DEAN
125 SOUTH PARK AVE.
APOPKA, FL 32703 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

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: P () Delete
Name: BEHNER, DEAN
Address: 125 SOUTH PARK AVENUE
City-St-Zip: APOPKA, FL 32703 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: DEAN BEHNER

P

06/19/2009

Electronic Signature of Signing Officer or Director

Date