

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45110

FILED
Jan 07, 2009
Secretary of State

Entity Name: ALL AMERICAN MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

10494 NORTHCLIFFE BLVD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

10494 NORTHCLIFFE BLVD
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 59-2987380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, ROBERT G
10494 NOTHCLIFFE BLVD
237 N WESTMONE DRIVE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

BLACKBURN, ROBERT G
10494 NOTHCLIFFE BLVD
SPRING HILL, FL 34608 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: ROBERT G. BLACKBURN, D.O.

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACKBURN, ROBERT G.,
Address: 10494 NORTHCLIFFE BLVD
City-St-Zip: SPRING HILL, FL

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: ROBERT G. BLACKBURN, D.O.

DP

01/07/2009

Electronic Signature of Signing Officer or Director

Date