

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58978

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE CHAMBERS MEDICAL GROUP, INC.

Current Principal Place of Business:

329 E. ROBERTSON STREET
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

329 E. ROBERTSON STREET
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 59-3003599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAMBERS, STEPHEN F M.D.
329 E. ROBERTSON STREET
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CHAMBERS, STEPHEN F M.D.
Address: 1459 WEST BUSCH BLVD.
City-St-Zip: TAMPA, FL 33612

Title: DVPS () Delete
Name: CHAMBERS, LISABETH
Address: 327 E ROBERTSON AVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CHAMBERS, STEPHEN F M.D.
Address: 327 E ROBERTSON STREET
City-St-Zip: BRANDON, FL 33511

Title: DVPS (X) Change () Addition
Name: CHAMBERS, LISABETH
Address: 327 E ROBERTSON STREET
City-St-Zip: BRANDON, FL 33511

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: JOHN A. COUNTRYMAN, CPA

CPA

04/23/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date