

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58978

**FILED**  
**Jan 20, 2010**  
**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:**

1052 E. BRANDON BLVD  
BRANDON, FL 33511 US

**Current Mailing Address:**

329 E. ROBERTSON STREET  
BRANDON, FL 33511 US

**New Mailing Address:**

1052 E. BRANDON BLVD  
BRANDON, FL 33511 US

**FEI Number:** 59-3003599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

CHAMBERS, STEPHEN F M.D.  
1052 E. BRANDON BLVD.  
BRANDON, FL 33511 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

01/20/2010

Date

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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: CHAMBERS, STEPHEN F M.D.  
Address: 1052 E. BRANDON BLVD.  
City-St-Zip: BRANDON, FL 33511

Title: DVPS  
Name: CHAMBERS, LISABETH  
Address: 1052 E. BRANDON BLVD.  
City-St-Zip: BRANDON, FL 33511

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN F. CHAMBERS, M.D.

DPT

01/20/2010

Electronic Signature of Signing Officer or Director

Date