

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005648

FILED
Jul 13, 2008
Secretary of State

Entity Name: KAZAKH AMERICAN MEDICAL PARTNERSHIP, INC.

Current Principal Place of Business:

3752 BOBBON MILL ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

3752 BOBBIN MILL ROAD
TALLAHASSEE, FL 32312

Current Mailing Address:

3752 BOBBON MILL ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

3752 BOBBIN MILL ROAD
TALLAHASSEE, FL 32312

FEI Number: 26-2092060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, HARRY O
301 SOUTH BRONOUGH STREET
SUITE 200
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SNIDER, ROBERT M
3752 BOBBIN MILL ROAD
TALLAHASSEE, FL 32312 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 M. SNIDER

07/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOONE, GAVIN
Address: 4109 ARKLOW DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: COX, THOMAS
Address: 2519 CHAMBERLIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MCDANIEL, WILLIAM W
Address: 2010 DOOMAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SNIDER, ROBERT MD
Address: 3752 BOBBIN MILL ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SNIDER, MATTHEW N
Address: 3752 BOBBIN MILL ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: WILSON, BRYAN
Address: 1014 LOTHIAN DRIVE
City-St-Zip: TALLAHASSEE, FL 323122837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COX, THOMAS L
Address: 2519 CHAMBERLIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L THOMAS COX

D

07/13/2008

Electronic Signature of Signing Officer or Director

Date