

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005648

FILED
Mar 20, 2009
Secretary of State

Entity Name: KAZAKH AMERICAN MEDICAL PARTNERSHIP, INC.

Current Principal Place of Business:

3752 BOBBIN MILL ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3752 BOBBIN MILL ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-2092060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

Title: () Change () Addition
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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, JR.

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date