


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 028 ****61.25

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|---|---|--|--|---|--|
| DOCUMENT # N08000000278 | | | |  | |
| 1. Entity Name THE FLORIDA INMATE MEDICAL ADVOCATE INC. | | | | | |
| Principal Place of Business 5326 8TH AVE SOUTH GULFPORT, FL 33707 | | | Mailing Address PO BOX 66934 ST PETE BEACH, FL 33736 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD LEMKE, ROBERTA 5326 8TH AVE SOUTH GULFPORT, FL 33707 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEMKE, THOMAS P 5326 8TH AVE SOUTH GULFPORT, FL 33707 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVIA, REGINA 5326 8TH AVE SOUTH GULFPORT, FL 33707 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Roberta L. Lemke Roberta Lemke</u> <u>2-14-08 727-323-9557</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |