2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001653



FILED Apr 15, 2008 8:00 am Secretary of State



Pincipal Place of Business	1. Entity Nam		DA MEDICAL SOC	IETY IN	IC.					04-	15-2008	3 900	013 01	9 ****7	0.00
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	1583 E SILVER STAR RD 158			1583 #328	1583 E SILVER STAR RD				บ บบบผนแบ						
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City FL Zip Code City Ci	City & State	е	71214	Cit	y & State									<u> </u>	
Name 1583 E SILVESTAR RD #328 CCOEE, FL 34761-2562 City FL Zp Code City	Zip		Country	Zip)	Co	untry	_	5. Certificat	e of Stat	us Desired	· [
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registere	d Agent		Namo		7. Name an	d Addre	ss of New	Regis	tered A	gent	
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 Signature, hose or printed name of inspitered agent and rito 4 apoceable. NOTE: Registered Agent agreeure required whom remature) DAT Filling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Addition A	1583 E SIL	VESTAR	RD #328					ddress (F	P.O. Box Num	ber is No	ot Accepta	ble)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 PILING Fee is \$61.25 Due by May 1, 2008 PILING Fee is \$61.25 PILING Fee is \$61.25							City		··· •				E 1	Zip Co	de
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Signature, rygood or printed name of registered agents and title if a special purpose of gents and retire if agents and retire if age	the obligat	lions of regisi	tered agent.												
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Discourse Delete	SIGNATURE .		•												
ITILE DTS		Signature, typed	d or printed name of registered agent	t and title if app	ecable. (NOTE	; Register	ed Agent signatu	re required	when reinstating)				DATE		
NAME SIREET ADDRESS CITY-ST-ZIP DP SPEARS, MARK-MD SIREET ADDRESS CITY-ST-ZIP DV HARDE, MICHAEL MD HARDE, MICHAEL MD SIREET ADDRESS CITY-ST-ZIP TITLE DV HARDE, MICHAEL MD SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Change Addition Addition Addition AMME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition AMME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition AMME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition AMME SIREET ADDRESS		Filing Fe	e is \$61.25	t and title if app	9. Election Carr	ıpaign l	Financing		\$5.00 мау		FI		check		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DTS HOWELL 1414 KUH ORLANDO DP SPEARS, 4106 W-L LAKE MA DV HARDEE 1115 N P	OFFICERS AND DI MICHAEL MD HL AVE MP 61 ORMC O, FL 32806 MARK MD AKE MARY BLVD GRY, FL 32746 MICHAEL MD ENNSYLVANIA AVE		9. Election Carr Trust Fund C Delete , Delete Delete	Ipaign In 11.1 It It I I I I I I I I I I I I I I I I	Financing tion. E ME	□ A	\$5.00 May Added to Fee ADDITIONS/C	HANGES	S TO OFFIC	OFIGA	check Depart	Change Change Change	State N 10 Addition Addition Addition Addition Addition

I nereby 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michaell. Howell, my 4/15/08