2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092678

F-4:4 No---- OTO DECIONAL ADMINISTRATIVE SERVICES INC

FILED Apr 22, 2009 Secretary of State

Entity Nam	16. 212 KE	GIONAL /	ADMINISTRATIVE SE	RVICES, INC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
9455 KOGE SUITE 200 ST. PETER	R BLVD. SBURG, FL	33702	US					
Current Mailing Address:				New Mailing Address:				
9455 KOGE SUITE 200 ST. PETER	R BLVD. SBURG, FL	33702	US					
FEI Number: (65-1042640	FEI Nu	mber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of	Current l	Registered Agent:	Name and	Address o	f New Registered Agent:		
LETTELLEI 9455 KOGE SUITE 200 ST. PETER		33702 L	JS					
The above r in the State	named entity of Florida.	submits	this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,		
SIGNATUR	E:							
	Electro	nic Signa	ture of Registered Age	ent		Date		
Election Cam	paign Financir	ng Trust Fu	und Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD (LETTELLEIR, 9455 KOGER ST. PETERSB	BLVD., STI		Title: Name: Address: City-St-Zip:		(X) Change () Addition MARJORIE IR BLVD., STE 200 SBURG, FL 33702 US		
Title:	VD () Delete		Title:	CEO	(X) Change () Addition		

:

9455 KOGER BLVD., STE 200 9455 KOGER BLVD., STE 200 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 US City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: () Delete Title: SD () Change () Addition

Name: RICE, JACK S JR Name: 9455 KOGER BLVD., STE 200 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 US City-St-Zip:

Title: () Delete Title: () Change () Addition

RAZOOK, FRED S Name: Name: 9455 KOGER BLVD., STE 200 Address: Address: ST. PETERSBURG, FL 33702 US City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE SELTZER **PRES** 04/22/2009