

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000000214

1. Entity Name

MICHAEL J. CAMLINDE & ASSOCIATES, INC.



Principal Place of Business

550 HIGHWAY 27 NORTH
DAVENPORT, FL 33837

Mailing Address

550 HIGHWAY 27 NORTH
DAVENPORT, FL 33837



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3687991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMBO, JORGE MD
550 HIGHWAY 27 NORTH
DAVENPORT, FL 33837

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000570394
07/14/06-80014-001 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMBO, JORGE M.D.
STREET ADDRESS	550 HIGHWAY 27 NORTH
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	MCHALE, MICHAEL D.O.
STREET ADDRESS	550 HIGHWAY 27 NORTH
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	BOYER, MICHAEL D.O.
STREET ADDRESS	550 HIGHWAY 27 NORTH
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	LINDSEY, JACQUELINE M.D.
STREET ADDRESS	550 HIGHWAY 27 NORTH
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	VP
NAME	ROSS, ROB
STREET ADDRESS	2141 NW 63RD, SUITE 3
CITY-ST-ZIP	OKLAHOMA CITY, OK 73116
TITLE	VP
NAME	WINDHAM, DAVID
STREET ADDRESS	3141 NW 63RD, SUITE 3
CITY-ST-ZIP	OKLAHOMA CITY, OK 73116

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-06

407-390-1677