

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2007 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**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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

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01/26/07-80103-011 150.00

**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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07
Date Daytime Phone #