


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P01000000214 1. Entity Name MICHAEL J. CAMLINDE & ASSOCIATES, INC.	
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Principal Place of Business 550 HIGHWAY 27 NORTH DAVENPORT, FL 33837	Mailing Address 550 HIGHWAY 27 NORTH DAVENPORT, FL 33837
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/15/08 80061-016 150.00
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10. OFFICERS AND DIRECTORS

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

SIGNATURE:  **Jack Munn** **COO** **4/1/08** **407-390-1677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #