

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000214

FILED
Apr 01, 2009
Secretary of State

Entity Name: MICHAEL J. CAMLINDE & ASSOCIATES, INC.

Current Principal Place of Business:

550 HIGHWAY 27 NORTH
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

550 HIGHWAY 27 NORTH
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3687991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMBO, JORGE M.D.
Address: 550 HIGHWAY 27 NORTH
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: MCHALE, MICHAEL D.O.
Address: 550 HIGHWAY 27 NORTH
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: BOYER, MICHAEL D.O.
Address: 550 HIGHWAY 27 NORTH
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: LINDSEY, JACQUELINE M.D.
Address: 550 HIGHWAY 27 NORTH
City-St-Zip: DAVENPORT, FL 33837

Title: VP () Delete
Name: ROSS, ROB
Address: 2141 NW 63RD, SUITE 3
City-St-Zip: OKLAHOMA CITY, OK 73116

Title: VP () Delete
Name: WINDHAM, DAVID
Address: 3141 NW 63RD, SUITE 3
City-St-Zip: OKLAHOMA CITY, OK 73116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JORGE CAMBO

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date