2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# P01000012619

Entity Name: JOLITA KLEMENTAVICIENE, M.D., P.A.

Current Principal Place of Business:

85 BAYBRIDGE DR
GULF BREEZE, FL 32561 US

New Principal Place of Business:

1118 GULF BREEZE PARKWAY
205
GULF BREEZE, FL 32561 US

Current Mailing Address:

85 BAYBRIDGE DR
GULF BREEZE, FL 32561 US

New Mailing Address:

1118 GULF BREEZE PARKWAY
205
GULF BREEZE, FL 32561 US

FEI Number: 59-3702462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEMENTAVICIENE, JOLITA MD
85 BAYRIDGE DR
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

KLEMENTAVICIENE, JOLITA MD
1118 GULF BREEZE PARKWAY
205
GULF BREEZE, FL 32561 US

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: JOLITA KLEMENTAVICIENE 03/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KLEMENTAVICIENE, JOLITA M.D.
Address: 85 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KLEMENTAVICIENE, JOLITA M.D.
Address: 1118 GULF BREEZE PARKWAY , SUITE 205
City-St-Zip: GULF BREEZE, FL 32561

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: JOLTA KLEMENTAVICIENE MD 03/06/2009
Electronic Signature of Signing Officer or Director Date