

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118844

Entity Name: FLORIDA MEDICAL ONE, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2745 SWAMP CABBAGE COURT
SUITE 207
FORT MYERS, FL 33901

Current Mailing Address:

P O BOX 61344
FORT MYERS, FL 33906

New Principal Place of Business:

2745 SWAMP CABBAGE COURT
SUITE 201
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-1159502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, JAMES L III
2745 SWAMP CABBAGE COURT
SUITE 207
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BRADLEY, JAMES L III
2745 SWAMP CABBAGE COURT
SUITE 201
FORT MYERS, FL 33901 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: _____

Electronic Signature of Registered Agent

04/30/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADLEY, JAMES L III
Address: 2745 SWAMP CABBAGE COURT, SUITE 207
City-St-Zip: FORT MYERS, FL 33901

Title: STD () Delete
Name: HAAS, ANGELIQUE M
Address: 2745 SWAMP CABBAGE COURT, SUITE 207
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRADLEY, JAMES L III
Address: 2745 SWAMP CABBAGE COURT, SUITE 201
City-St-Zip: FORT MYERS, FL 33901

Title: STD (X) Change () Addition
Name: HAAS, ANGELIQUE M
Address: 2745 SWAMP CABBAGE COURT, SUITE 201
City-St-Zip: FORT MYERS, FL 33901

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: JAMES L BRADLEY III

Electronic Signature of Signing Officer or Director

OWNE

04/30/2008

Date