2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## **FILED** DOCUMENT # P02000008253 Jan 30, 2007 08:00 AM 1. Enlity Namo **Secretary of State** OUTPATIENT RECORDS, INC. Principal Place of Business Mailing Address 104 W. VINE STREET 104 W. VINE STREET INVERNESS FL 34450 INVERNESS FL 34450 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apl. #. etc. Suite, Apt. Acto 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 80-0033081 Not Applicat Country Country Zip \$8.75 Additional 5. Certificate of Status Desired C iTeus Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOVACH, MICHAEL T SR Street Address (P.O. Box Number is Not Acceptable) 106 N OSCEOLA AVE **INVERNESS FL 34450** Zip Code 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 lamiliar with, and accept the obligations of registered agent SIGNATURE Syrrature, typed or printer name at registered agent and title / enpecable (MOTE Registored Agent and annual design at 1004) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May @ After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. uu A ction 11111 Delete KOVACH, MICHAEL T SR U000000611756 NAME NAM 106 N OSCEOLA AVE 02/02/07-80077-001 150.00 STREET ADDRESS STREET ADDRESS **INVERNESS FL 34450** CITY ST ZIP CHY-SI-7P ☐ Change Amisin 11111 Delete TILLE MONIER, DAVID I NAME 104 W. VINE STREET STREET ADDRESS SHEET ADDRESS INVERNESS FL 34450 CHY-SI-ZIP CITY SE-7IF ☐ Change 11111 ☐ Delete IIILI NAME SINGET ADDRESS STREET ADDRESS CITY SI 7IP CITY ST ZIP Change ☐ Adi Ш Delete 11111 NAM MALH SHAFT ADDRESS STREET ADDRESS CITY ST 71P CITY ST 7P ☐ Change □ ~ "" ☐ Dolcle IIII TITLE NAME NAME SINET ADDRESS STREET ADDRESS CITY SE-ZIP UNY ST /IP ☐ Change □ \* 11111 Delete BHE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-78

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 of the corporation or the receiver of if changed, or on an attachment with

SIGNATURE:

SIGNARDRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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