2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90079 027 ***150.00

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1. Entity Name
ALTAMONTE MEDICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
499 E. CENTRAL PARKWAY SUITE 115 ALTAMONTE SPRINGS, FL 32701	499 E. CENTRAL PARKWAY SUITE 115 ALTAMONTE SPRINGS, FL 32701

02232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business ; No P.O. Box #	3. Mailing Address
631 Palm Springs Dr.	631 Palm Springs Dr.
Suite, Apt. #, etc.: Suite 117	Suite, Apt. #, etc.: Suite 117
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701-7854 Country: USA	Zip: 32701-7854 Country: USA

4. FEI Number: 41-2045914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STURN, GARY M DR. 3370 REGAL CREST DRIVE LONGWOOD, FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STURN, GARY M MD 499 E. CENTRAL PARKWAY, SUITE 115 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 631 Palm Springs Dr., Ste. 117 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MENSA, EDITH MD 499 E.CENTRAL PARKWAY, SUITE 115 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 631 Palm Springs Dr., Ste. 117 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STURN, STEPHEN MD 999 E CENTRAL PKWY, STE 115 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 631 Palm Springs Dr., Ste. 117 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gary Sturn GARY STURN 3/14/07 407 339 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #