

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000064185	
1. Entity Name ALTAMONTE MEDICAL ASSOCIATES, P.A.	

Principal Place of Business 631 PALM SPRINGS DR. SUITE 117 ALTAMONTE SPRINGS, FL 32701-7854	Mailing Address 631 PALM SPRINGS DR. SUITE 117 ALTAMONTE SPRINGS, FL 32701-7854
--	--

DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

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	
STURN, GARY M DR. 3370 REGAL CREST DRIVE LONGWOOD, FL 32779	

**DO NOT WRITE
IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000891109 04/22/08-20012-006 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STURN, GARY M MD 631 PALM SPRINGS DR. STE 117 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENSA, EDITH MD 631 PALM SPRINGS DR. STE 117 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STURN, STEPHEN MD 631 PALM SPRINGS DR. STE 117 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	3/10/08	407-336-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #