

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064185

FILED
Apr 09, 2009
Secretary of State

Entity Name: ALTAMONTE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

631 PALM SPRINGS DR.
SUITE 117
ALTAMONTE SPRINGS, FL 327017854

New Principal Place of Business:

Current Mailing Address:

631 PALM SPRINGS DR.
SUITE 117
ALTAMONTE SPRINGS, FL 327017854

New Mailing Address:

FEI Number: 41-2045914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STURN, GARY M MD
Address: 631 PALM SPRINGS DR. STE 117
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: MENSA, EDITH MD
Address: 631 PALM SPRINGS DR. STE 117
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: STURN, STEPHEN MD
Address: 631 PALM SPRINGS DR. STE 117
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY STURN

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date