## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091662

Entity Name: FLOYD A. OSTERMAN, JR., M.D., P.A.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

21150 BISCAYNE BLVD 21000 NE 28TH AVENUE STE 304 STE 202 AVENTURA, FL 33180 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

21150 BISCAYNE BLVD 21000 NE 28TH AVENUE STE 304 STE 202 AVENTURA, FL 33180 AVENTURA, FL 33180

FEI Number: 55-0794540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSTERMAN, JR., FLOYD A M.D.
21150 BISCAYNE BLVD
21000 NE 28TH AVENUE
STE 304
AVENTURA, FL 33180 US
OSTERMAN, JR., FLOYD A M.D.
21000 NE 28TH AVENUE
STE 202
AVENTURA, FL 33180 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: FLOYD A. OSTERMAN, JR., M.D. 01/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DR
 ( ) Delete
 Title:
 DR
 (X) Change ( ) Addition

 Name:
 OSTERMAN, JR., FLOYD A M.D.
 Name:
 OSTERMAN, JR., FLOYD A M.D.

 Address:
 21150 BISCAYNE BLVD STE 304
 Address:
 21000 NE 28TH AVENUE SUITE 202

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

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: FLOYD A. OSTERMAN, JR., M.D. DR. 01/14/2008