

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119604

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FLORIDA MEDICAL REAL ESTATE, INC.

## Current Principal Place of Business:

1823 SE FORT KING STREET  
SUITE 201  
OCALA, FL 34471 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4566  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 16-1637800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERNER, CHRISTOPHER  
3395 SW 4TH AVE  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

STERNER, CHRISTOPHER  
4886 SW 110TH STREET  
OCALA, FL 34476 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STERNER, CHRISTOPHER M  
Address: 4886 SW 110TH STREET  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTOPHER STERNER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date