

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000999

FILED
Mar 31, 2008
Secretary of State

Entity Name: PATRICK MANGONON, M.D., P.A.

Current Principal Place of Business:

12983 SOUTHERN BLVD.
206
LOXAHATCHEE, FL 33470

New Principal Place of Business:

13005 SOUTHERN BLVD.
131
LOXAHATCHEE, FL 33470

Current Mailing Address:

P.O. BOX 210474
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 33-1036251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGONON, PATRICK MD
12983 SOUTHERN BLVD.
206
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

MANGONON, PATRICK MD
13005 SOUTHERN BLVD.
131
LOXAHATCHEE, FL 33470 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: PATRICK MANGONON

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANGONON, PATRICK M.D.
Address: 12983 SOUTHERN BLVD., SUITE 206
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANGONON, PATRICK M.D.
Address: 13005 SOUTHERN BLVD., SUITE 131
City-St-Zip: LOXAHATCHEE, FL 33470

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: PATRICK MANGONON, MD

P

03/31/2008

Electronic Signature of Signing Officer or Director

Date