2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101316

FILED
Apr 13, 2009
Secretary of State

Entity Name: MARY ROSE BOEHM, M.D., P.A.

Current Principal Place of Business:

200 E HIGHLAND AVE
SUITE 2
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

MARY ROSE BOEHM M.D.
614 EAST HIGHWAY 50, BOX 304
CLERMONT, FL 34711

New Mailing Address:

200 E HIGHLAND AVE
SUITE 2
CLERMONT, FL 34711

FEI Number: 16-1683483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERACI, ANITA G
11635E HWY 50 STE B
CLERMONT, FL 34711 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: DR ( ) Delete
Name: BOEHM, MARY ROSE
Address: 614 EAST HIGHWAY 50, BOX 304
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: BOEHM, MARY ROSE
Address: 200 E. HIGHLAND AVE STE 2
City-St-Zip: CLERMONT, FL 34711

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: LORI WISE OM 04/13/2009
Electronic Signature of Signing Officer or Director Date