

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P03000146314

1. Entity Name
VOCATUS MEDICAL MANAGEMENT SERVICES, INC.



Principal Place of Business

**4513 EXECUTIVE DR
NAPLES, FL 34119**

Mailing Address

**4513 EXECUTIVE DR
NAPLES, FL 34119**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2134373	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHARLACKEN, LORNA J
HARTER, SECREST & EMERY, LLP
5551 RIDGEWOOD DR., SUITE 405
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000844799
03/13/08-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTTO, RICHARD D
STREET ADDRESS	5840 SHADY OAKS LANE
CITY-ST-ZIP	NAPLES, FL 34119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X 77 65
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 1/29/08
Date Daytime Phone #