2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022621

City-St-Zip:

JACKSONVILLE, FL 32256 US

FILED Jan 26, 2008 Secretary of State

Entity Name: ROBERT D. MOURADIAN, P.A. **Current Principal Place of Business: New Principal Place of Business:** 10739 DEERWOOD PARK BOULEVARD SUITE 200A JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 10739 DEERWOOD PARK BOULEVARD SUITE 200A JACKSONVILLE, FL 32256 FEI Number: 20-0714701 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: MAXWELL, DOUGLAS R HENDERSON, ALAN D 10739 DEERWOOD PARK BOULEVARD 10739 DEERWOOD PARK BOULEVARD SUITE 200A SUITE 200A JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 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: ALAN D. HENDERSON 01/26/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition MOURADIAN, ROBERT D M.D. Name: Name: 7629 SENTRY OAK CIRCLE, E. Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: () Delete Title: Title: () Change () Addition Name: MOURADIAN, ROBERT D M.D. Name: 7629 SENTRY OAK CIRCLE, E. Address: Address: JACKSONVILLE, FL 32256 US City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition MOURADIAN, ROBERT D M.D. Name: Name: 7629 SENTRY OAK CIRCLE, E. Address: Address:

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.

City-St-Zip:

SIGNATURE: ROBERT D. MOURADIAN **PRES** 01/26/2008