## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000036888

3663 NE 6TH DRIVE

City-St-Zip: BOCA RATON, FL 33431

Address:

Entity Name: TURTLE ISLAND MEDICAL ASSOCIATES, INC.

FILED Apr 15, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
	DERAL HIGH TON, FL 3343	WAY, STE D 304 31			
Current Mailing Address:			New Mailing Address:		
	DERAL HIGH TON, FL 3343	WAY, STE D 304 31			
FEI Number	: 51-0499718	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
7301 WES SUITE 101		PARK ROAD			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Aç	gent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,T ( ZUCKERMAN, 3663 NE 6TH I BOCA RATON,	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP,S (	) Delete	Title:	( ) Change ( ) Addition	

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: STEPHEN ZUCKERMAN PRES 04/15/2009