2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# P04000039044

Entity Name: EAST PASCO MEDICAL ARTS, INC.

Current Principal Place of Business:

12136 COBBLESTONE DRIVE
BAYONET POINT, FL 34667

New Principal Place of Business:

12136 COBBLESTONE DRIVE
HUDSON, FL 34667

Current Mailing Address:

12136 COBBLESTONE DRIVE
BAYONET POINT, FL 34667

New Mailing Address:

12136 COBBLESTONE DRIVE
HUDSON, FL 34667

FEI Number: 65-1220437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMAPPA, GOGI M
12136 COBBLESTONE DR
BAYONET POINT, FL 34667 US

Name and Address of New Registered Agent:

RAMAPPA, GOGI M
12136 COBBLESTONE DR
HUDSON, FL 34667 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: GOGI M RAMAPPA 04/02/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: RAMAPPA, GOGI M
Address: 12136 COBBLESTONE DRIVE
City-St-Zip: BAYONET POINT, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: RAMAPPA, GOGI M
Address: 12136 COBBLESTONE DRIVE
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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: GOGI M RAMAPPA PS 04/02/2007
Electronic Signature of Signing Officer or Director Date