2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

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Entity Name: LOUISE I. BUHRMANN, M.D., P.A.

Current Principal Place of Business:

1485 SOUTH SEMORAN BLVD SUITE 1454
WINTER PARK, FL 32792

New Principal Place of Business:

1485 SOUTH SEMORAN BLVD
SUITE 1454
WINTER PARK, FL 32792 US

Current Mailing Address:

1485 SOUTH SEMORAN BLVD SUITE 1454
WINTER PARK, FL 32792

New Mailing Address:

1485 SOUTH SEMORAN BLVD
SUITE 1454
WINTER PARK, FL 32792 US

FEI Number: 20-2091554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUHRMANN, LOUISE I MD
1485 SOUTH SEMORAN BLVD SUITE 1454
WINTER PARK, FL 34792 US

Name and Address of New Registered Agent:

BUHRMANN, LOUISE I MD PA
1485 SOUTH SEMORAN BLVD
SUITE 1454
WINTER PARK, FL 32792 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: LOUISE I. BUHRMANN, MD 04/01/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: BUHRMANN, LOUISE I MD
Address: 1985 S SEMORAN BLVD STE 1454
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: BUHRMANN, LOUISE I MD PA
Address: 1985 S SEMORAN BLVD STE 1454
City-St-Zip: WINTER PARK, FL 32792 US

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: LOUISE I. BUHRMANN MD MD 04/01/2008
Electronic Signature of Signing Officer or Director Date