

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90057 003 \*\*\*150.00

<b>DOCUMENT # P05000120015</b> 1. Entity Name COMMUNITY PHYSICIANS OF NORTH PORT, P.A.					
Principal Place of Business 15121 TAMIAMI TRAIL SUITE C NORTH PORT, FL 34287			Mailing Address 15121 TAMIAMI TRAIL SUITE C NORTH PORT, FL 34287		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>15131 Tamiami Trail</i>		Suite, Apt. #, etc. <i>15131 Tamiami Trail</i>			
City & State <i>North Port FL</i>		City & State <i>North Port FL</i>			
Zip <i>34287</i>		Country <i>USA</i>		4. FEI Number 20-3387275	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MASI, JUAN M 15121 TAMIAMI TRAIL, SUITE C NORTH PORT, FL 34287			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>15131 Tamiami Trail</i>  City <i>North Port</i> FL <i>34287</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASI, JUAN M <input type="checkbox"/> Delete 7005 SADDLE CREEK CIRCLE SARASOTA, FL 34241				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T MELEKS, LARISA <input type="checkbox"/> Delete 419 MONZA AVENUE NORTH PORT, FL 34287				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: _____ <i>Juan M. Masi</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/26/8</i> Daytime Phone # <i>941-423-5056</i>					