2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000016241

1. Entity Name
MICHELLE M. ZENKO, M. D., P.A.

Principal Place of Business	Mailing Address
4851 OCEAN FOREST LANE FERNANDINA BEACH, FL 32034	4851 OCEAN FOREST LANE FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3384689	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZENKO, MICHELLE M
4851 OCEAN FOREST LANE
FERNANDINA BEACH, FL 32034

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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 _Michelle M Zenko_ President _3/31/08_

<small>Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE</small>

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZENKO, MICHELLE M
STREET ADDRESS	4851 OCEAN FOREST LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	
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04/14/08-80069-003 150.00

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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: _Michelle M Zenko MD PA_   _3/31/08_   _(904) 321-2755_

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>