

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116588

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: MULBERRY PHYSICIAN ASSOCIATES, INC.

## Current Principal Place of Business:

8728 SE 165TH MULBERRY LANE  
THE VILLAGES, FL 32162 US

## New Principal Place of Business:

1400 US HWY 441NORTH  
538  
THE VILLAGES, FL 32159 US

## Current Mailing Address:

5276 CR 125B-1  
WILDWOOD, FL 34785

## New Mailing Address:

FEI Number: 20-5516386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EBURUCHE, CARMELITA C MD  
5276 CR 125B-1  
WILDWOOD, FL 34785 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: EBURUCHE, CARMELITA C MD  
Address: 8728 SE 165TH MULBERRY LANE  
City-St-Zip: THE VILLAGES, FL 32162 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: EBURUCHE, CARMELITA C MD  
Address: 1400 US HWY 441 NORTH  
City-St-Zip: THE VILLAGES, FL 32159 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: CARMELITA EBURUCHE, MD

PRES

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date