

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125719

Entity Name: JOSE' A. GAUDIER, MD, PA

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1901 SE 18TH AVENUE BUILDING 400
OCALA, FL 34471

New Principal Place of Business:

1805 SE 16TH AVE
1202
OCALA, FL 34471

Current Mailing Address:

1901 SE 18TH AVENUE BUILDING 400
OCALA, FL 34471

New Mailing Address:

PO BOX 5277
OCALA, FL 34478

FEI Number: 01-0875404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, JAMES E
21 NE 1ST AVENUE
OCALA, FL 34470 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAUDIER, JOSE' M.D.
Address: 1901 SE 18TH AVENUE BUILDING 400
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GAUDIER, JOSE' M.D.
Address: 1805 SE 16TH AVE, STE 1202
City-St-Zip: Ocala, FL 34471

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: JOSE A GAUDIER

D

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date