

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144922

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** ODALYS BRITO M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

400 HEALTH PARK BLVD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1317  
ST AUGUSTINE, FL 320851317

**New Mailing Address:**

FEI Number: 20-5981509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD A. CAPLAN, ATTORNEY, P.A.  
6260 DUPONT STATION COURT  
SUITE C  
JACKSONVILLE, FL 32217 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: DR ( ) Delete  
Name: BRITO, ODALYS PRES  
Address: 400 HEALTH PARK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MR ( ) Delete  
Name: TORRES, CARLOS R VICE PR  
Address: 400 HEALTH PARK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS R TORRES

VICE

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date