2008 FOR PROFIT CORPOR/ ION ANNUAL REPORT (AR

DOCUMENT # P07000028884

	ANNUAL R	EPORT (AR'		M	$[ar 2\hat{A}]$	2008 8	• • • • • • • • • • • • •	am	
DOCUM 1. Entity Name	ENT # P070000288	84		OF THE STATE OF TH		Secreta	ary of S	tat	e	
OCEAN ME	DICAL ASSOCIATES, P.A	λ.				03-24-2008	3 90039 006 ***	150.00)	
Principal Place of	Business	Mailing Address		L						
7908 SADDLEBROOK DRIVE PORT ST. LUCIE FL 34986		7908 SADDLEBROOK DRIVE PORT ST. LUCIE FL 34986								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			19	1st MOORE CR2E034 (10/07)				
City & State		City & State		4. FEI Numb	16271	7	· · · · · · · · · · · · · · · · · · ·	plied For Applicable		
Zıp	Country	Zip	Coun	itry	5. Certificate	of Status Desire		75 Addi Required		
	6. Name and Address of Current	Registered Agent		N	7. Name and	Address of Ne	w Registered Agent			
CHION	IG, DIANA M D.O.			Name						
7908 9	SADDLEBROOK DRIVE			Street Address (P.O. Box Number is Not Acceptable)						
PORT	ST. LUCIE FL 34986									
				City		***	FL Z	ip Code		
8 The above na	med entity submits this statement for	or the numose of chan	ning its register	ed office or a	registered agent, or no	th in the State of		ar with	and accept	
	s of registered agent.	or and parperso at oriest	igin g ita regiater	oo smee or i	registered agent, or st	An, in the otale o	·	21 441111, 6	and decept	
SIGNATURE										
Sign	nature, typed or printed harno of registered agen	t and title if applicable.	fNOTE Registere	ed Agent signatur	e required when reinstrikig)		DATE		<u>.</u> .,	
After Ma	NOW!!! FEE IS \$150.00 by 1, 2008 Fee Will Be \$550.00 ayable to Florida Department o	0 I State					mpaign Financing Centribution.		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.			/CHANGES TO (OFFICERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS		□ Del€	NAM	IE .	CEOTHESICONT. Diana M. Ohio 1908 Saddlebu	ind the		Change	Addition	
CITY-ST-ZIP				'-ST-ZIP	Pot Saint Luc	ie fr 34	986			
TITLE		☐ Dele	ete TITL	E	Queton/membe	~		Change	Addition	
NAME DEPET ADDRESS			MAIN	IE	Pernando Petro	AL AND				
STREET ADDRESS OITY-ST-ZIP				EET ADDRESS '-ST-ZIP	Luctory member Pernando Reta 1908 Saddleros Pt Saint Ju	wing Ba	1986			
TITLE	•	☐ Dele	ete IIIL		111-50(1111-05)	·····		Change	Addition	
NAME			NAM	- 1				_		
STREET ADDRESS CITY-ST-ZIP	- -			EFT ADDRESS '- ST-ZIP	-					
TITLE		Del-						Change	Addition	
NAME		البا البا	NAM				٠.	Alisa i go		
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				'-ST-ZIP						
TITLE NAME		□ Dele	ete TITL NAM				<u></u>] (Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	'- \$1- ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is trog 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 employered 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 that empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING

Delete

FILED

☐ Change

Addition