


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 005 \*\*\*150.00

<b>DOCUMENT # P07000060451</b>		
1. Entity Name KEMSHOL MEDICAL CENTER, P.A.		

Principal Place of Business 984 ORANGE AVENUE DAYTONA BEACH, FL 32114	Mailing Address 984 ORANGE AVENUE DAYTONA BEACH, FL 32114
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01152008 Chg-P CR2E034 (12/06)

4. FEI Number <b>77-0687343</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAIRES HAMMOND, P.L. 283 CRANES ROOST BLVD., STE. 165 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, OLUBUKUNOLA M.D. 984 ORANGE AVENUE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Colin Thomas OLUBUKUNOLA THOMAS, M.D. 03/25/2008 (386) 226-3008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #