

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 005 ***150.00

DOCUMENT # P07000087046					
1. Entity Name MICHAEL S. SLOBASKY, D.O., P.A.					
Principal Place of Business 591 RIVEREDGE DRIVE STUART, FL 34994 US			Mailing Address 591 RIVEREDGE DRIVE STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box # 2379 SW Island Creek Trail Suite, Apt. #, etc.		3. Mailing Address 2379 SW Island Creek Trail Suite, Apt. #, etc.			
City & State Palm City FL Zip 34990 Country USA		City & State Palm City FL Zip 34990 Country USA		4. FEI Number 04012008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SLOBASKY, MICHAEL S 591 RIVEREDGE DRIVE STUART, FL 34994			7. Name and Address of New Registered Agent Name: Michael Slobasky Street Address (P.O. Box Number is Not Acceptable): 2379 SW Island Creek Trail City: Palm City FL Zip Code: 34990		
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: DATE: 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOBASKY, MICHAEL S 591 RIVEREDGE DRIVE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			DATE: 4/1/08 (215) 869-8777		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					