

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091695

Entity Name: CAMMACK CLINIC, PA

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

7552 NAVARRE PARKWAY
UNIT 45
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

7552 NAVARRE PARKWAY
UNIT 45
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 26-0732790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMMACK, ANTHONY J
7742 NAVARRE PARKWAY
APT. 129
NAVARRE, FL 32566 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: P () Delete
Name: CAMMACK, ANTHONY J
Address: 7742 NAVARRE PARKWAY APT. 129
City-St-Zip: NAVARRE, FL 32566

Title: SECR (X) Delete
Name: SPENCER, TERESA
Address: 1700 TURKEY OAK DRIVE
City-St-Zip: NAVARRE, FL 32566

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: ANTHONY J CAMMACK

MD

04/10/2009

Electronic Signature of Signing Officer or Director

Date