

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115749

FILED
Feb 12, 2009
Secretary of State

Entity Name: FLORIDA EAST COAST MEDICAL GROUP, INC.

Current Principal Place of Business:

1004 PARROTT AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

1004 N PARROTT AVENUE
OKEECHOBEE, FL 34972

Current Mailing Address:

1004 PARROTT AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

1004 N PARROTT AVENUE
OKEECHOBEE, FL 34972

FEI Number: 77-0706313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, RONALD
7210 RESERVE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MISHELEVICH, DMITRY E
1621 SW PROSPERITY WAY
PALM CITY, FL 34990 US

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: DMITRY E MISHELEVICH

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MISHELEVICH, LUDMILLA M.D.
Address: 7210 RESERVE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change () Addition
Name: MISHELEVICH, LUDMILA M.D.
Address: 1004 N PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

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: LUDMILA MISHELEVICH

PVPS

02/12/2009

Electronic Signature of Signing Officer or Director

Date