

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115749

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** FLORIDA EAST COAST MEDICAL GROUP, INC.

**Current Principal Place of Business:**

1004 N PARROTT AVENUE  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

1004 N PARROTT AVENUE  
OKEECHOBEE, FL 34972

**New Mailing Address:**

1621 SW PROSPERITY WAY  
PALM CITY, FL 34990

**FEI Number:** 77-0706313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MISHELEVICH, DMITRY E  
1621 SW PROSPERITY WAY  
PALM CITY, FL 34990 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:** PVP  
**Name:** MISHELEVICH, LUDMILA M.D.  
**Address:** 1004 N PARROTT AVE  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** S  
**Name:** MISHELEVICH, DMITRY  
**Address:** 1004 N PARROTT AVE  
**City-St-Zip:** OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

**SIGNATURE:** LUDMILA MISHELEVICH

PVP

04/07/2010

Electronic Signature of Signing Officer or Director

Date