2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# P07000123911

Entity Name: MARCAT MEDICAL, P.A.

Current Principal Place of Business:

1900 PINE GROVE ROAD
SAINT CLOUD, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

1900 PINE GROVE ROAD
SAINT CLOUD, FL 32714 US

New Mailing Address:

FEI Number: 26-1416587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE MPAS, PA-C, MARK
921 W. LAKE BRANTLEY ROAD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PAYNE MPAS, PA-C, MARK
1900 PINE GROVE ROAD
SAINT CLOUD, FL 34771 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: MARK PAYNE, MPAS, PA-C 07/21/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PAYNE, MPAS, PA-C, MARK
Address: 921 W. LAKE BRANTLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VD ( ) Delete
Name: JONES-PAYNE, PA-C, CATHERINE
Address: 921 W. LAKE BRANTLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PAYNE, MPAS, PA-C, MARK
Address: 1900 PINE GROVE ROAD
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VD (X) Change ( ) Addition
Name: JONES-PAYNE, PA-C, CATHERINE
Address: 1900 PINE GROVE ROAD
City-St-Zip: SAINT CLOUD, FL 34771 US

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: MARK PAYNE, MPAS, PA-C PSTD 07/21/2008
Electronic Signature of Signing Officer or Director Date