

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088109

FILED
Apr 15, 2009
Secretary of State

Entity Name: MEDICAL PARTNERS OF AMERICA, INC.

Current Principal Place of Business:

822 HIGHWAY A1A NORTH
SUITE 310
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

90 FORT WADE ROAD
PONTE VEDRA, FL 32081

Current Mailing Address:

822 HIGHWAY A1A NORTH
SUITE 310
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

90 FORT WADE ROAD
PONTE VEDRA, FL 32081

FEI Number: 80-0267008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, FALLON
822 HIGHWAY A1A NORTH
SUITE 310
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CLEMENTS, FALLON
90 FORT WADE ROAD
PONTE VEDRA, FL 32081 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: FALLON CLEMENTS

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLEMENTS, FALLON
Address: 822 HIGHWAY A1A NORTH, SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILLICH, TED
Address: 90 FORT WADE ROAD
City-St-Zip: PONTE VEDRA, FL 32081

Title: SEC () Change (X) Addition
Name: STOLL, DANIEL
Address: 90 FORT WADE ROAD
City-St-Zip: PONTE VEDRA, FL 32081

Title: TREA () Change (X) Addition
Name: CLEMENTS, FALLON
Address: 90 FORT WADE ROAD
City-St-Zip: PONTE VEDRA, FL 32081

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: FALLON CLEMENTS

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date