

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017813

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: OSCEOLA, INC.

**Current Principal Place of Business:**

308 W HIGHLAND BLVD  
INVERNESS, FL 34452 US

**New Principal Place of Business:**

**Current Mailing Address:**

308 W HIGHLAND BLVD  
INVERNESS, FL 34452 US

**New Mailing Address:**

FEI Number: 59-3215657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STARK, STEPHEN H  
308 W HIGHLAND BLVD  
INVERNESS, FL 34452 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STARK, STEPHEN H MD  
Address: 308 W HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: WALKER, DENNIS J MD  
Address: 308 W HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: TRIGO, GISELA MD  
Address: 308 W HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: DELFIN, LUIS MD  
Address: 308 W HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: GONZALEZ, JAVIER MD  
Address: 308 W HIGHLAND BLVD.  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: ATTANTI, SRINIVAS MD  
Address: 910 OLD CAMP ROAD, BLDG 210  
City-St-Zip: VILLAGES, FL 32162

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: STEPHEN H. STARK

PRES

02/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date