2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000012861

KEVIN CHARLES O'LOUGHLIN, M.D., P.A.



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

400 BEACH ROAD

201 VERO BEACH, FL 32963 Mailing Address

PO BOX 126

FT PIERCE, FL 34954-0126



No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0483007 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

O'LOUGHLIN, KEVIN C MD 400 BEACH ROAD # 201 VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FI After I	LE NOWIII FEE IS \$150.00 May 1, 2008 Fee will be \$550.00	Election Campalgn Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	UNDUNCRALS41 04/22/08_S0M22-010 150 90
10.	OFFICERS AND DIRECTORS				
TITLE	DR.				

O'LOUGHLIN, KEVIN C STREET ADDRESS 400 BEACH ROAD, #201 CITY-ST-ZIP VERO BEACH, FL 32963 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an n all other like empowered.

SIGNATURE:

772-559-5948