

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001843

Entity Name: OSLER MEDICAL, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3297304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENOCI, MARTIN A DPM
930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901 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: D () Delete
Name: MORRIS, ROBERT M.D.
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: D () Delete
Name: LENOCI, MARTIN DPM
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: D () Delete
Name: WASSELLE, JOSEPH A M.D.
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: D () Delete
Name: PSARAKIS, MARK MD
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: DS () Delete
Name: ATKINSON, ANDREW M
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: O () Delete
Name: MERCHBERGER, BRENDA ADMIN
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VELLODY, RAJ M.D.
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRENDA MERCHBERGER

O

03/24/2009

Electronic Signature of Signing Officer or Director

Date