

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016147

**FILED**  
**Feb 08, 2005**  
**Secretary of State**

**Entity Name:** ASSOCIATES MEDICAL GROUP, INC.

**Current Principal Place of Business:**

1 FLORIDA PARK DR. NORTH, 109-110  
PALM COAST, FL 32137

**New Principal Place of Business:**

10 FLORIDA PARK DR. N.  
SUITE A  
PALM COAST, FL 32137

**Current Mailing Address:**

1 FLORIDA PARK DR. NORTH, 109-110  
PALM COAST, FL 32137

**New Mailing Address:**

10 FLORIDA PARK DR. N.  
SUITE A  
PALM COAST, FL 32137

**FEI Number:** 59-3364275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOCHMAN, OLGA  
1 FLORIDA PARK DR. NORTH, 109-110  
ALTAMONTE SPRINGS, FL 32701 US

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

HOCHMAN, OLGA  
10 FLORIDA PARK DR. N.  
SUITE A  
PALM COAST, FL 32137 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: OLGA HOCHMAN

02/08/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: HOCHMAN, OLGA  
Address: 1 FLORIDA PARK DR. NORTH, 109-110  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOCHMAN OLGA

DPT

02/08/2005

Electronic Signature of Signing Officer or Director

Date