


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90021 015 ***158.75

DOCUMENT # P96000016147					
1. Entity Name ASSOCIATES MEDICAL GROUP, INC.					
Principal Place of Business 10 FLORIDA PARK DR. N. SUITE A PALM COAST, FL 32137			Mailing Address 10 FLORIDA PARK DR. N. SUITE A PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3364275	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip		Country		59-3364275	
6. Name and Address of Current Registered Agent HOCHMAN, OLGA 10 FLORIDA PARK DR. N. SUITE A PALM COAST, FL 32137			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHMAN, OLGA		NAME	OLGA POSTERNAK HOCHMAN	
STREET ADDRESS	1 FLORIDA PARK DR. NORTH, 109-110		STREET ADDRESS	10 Florida Park Dr N#A	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST - FL 32137	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 empowered 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 address, with all other like empowered.					
SIGNATURE: <u>Olga Hochman</u>			Date: <u>3/27/06</u>		Daytime Phone #: <u>386-445-4193</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					