## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000017335

Entity Name: STRICK MAYS, M.D., P.A.

1701 OSCEOLA BAY AVENUE

NICEVILLE, FL 32578

Address: City-St-Zip: FILED Apr 20, 2008 Secretary of State

Current I	Principal Pla	ce of Business:	New Principal Place of	New Principal Place of Business:	
SUITE 10	STONE AVE 19 IEW, FL 3253	9			
Current Mailing Address:			New Mailing Address:		
	CEOLA BAY A .E, FL 32578	VENUE			
FEI Numbe	r: 59-3644473	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and Address of	d Address of New Registered Agent:	
	TRICKER DEOLA BAY A .E, FL 32578				
	e named entit te of Florida.	y submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATL	JRE:				
	Electr	onic Signature of Registered Age	nt	Date	
Election Ca	ampaign Financ	ing Trust Fund Contribution ( ).			
OFFICER	RS AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	DR MAYS, STRIC	( ) Delete CKER C	Title: Name:	( ) Change ( ) Addition	

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: STRICKER MAYS DR 04/20/2008