

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053232

FILED
Aug 22, 2008
Secretary of State

Entity Name: ANTHONY SHYDOHUB, M.D., P.A.

Current Principal Place of Business:

4850 SUN N LAKE BLVD.
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

4850 SUN N LAKE BLVD.
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 59-3395343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHYDOHUB, ANTHONY MD,PA
4850 SUN N LAKE BLVD
SEBRING, FL 33872 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHYDOHUB, ANTHONY MD, PA
Address: 4850 SUN N LAKE BLVD.
City-St-Zip: SEBRING, FL 33872

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 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: ANTHONY SHYDOHUB M.D.

M.D.

08/22/2008

Electronic Signature of Signing Officer or Director

Date