## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000000951**

SUNTREE MEDICAL ASSOCIATES, P.A.



**FILED** Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

ROCKLEDGE, FL 32955

Mailing Address

6420 3RD STREET **STE 104** 

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STE 104

ROCKLEDGE, FL 32955



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02152008 No Chg-P

4. FEI Number 59-3424634 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ. 1800 WEST HIBISCUS BLVD **STE 138** MELBOURNE, FL 32902

## DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fin     Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000830019 02/26/08-80066-017 150.00	
10.	D. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PST SALADINO, CARL M.D. 7085 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 . ,				
TITLE NAME STREET ADDRESS CITY-ST-71P				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE .  NAME STREET ADDRESS						
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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARC