


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000058071 1. Entity Name STARKE MEDICAL CENTER, INC.	
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Principal Place of Business 1548-B S WATER ST STARKE, FL 32091 US	Mailing Address PO BOX 525 KEYSTONE HEIGHTS, FL 32656 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3457522	Applied For Not Applicable
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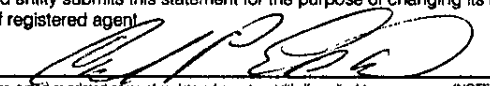
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**EASON, CARL
PO BOX 525
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **2/6/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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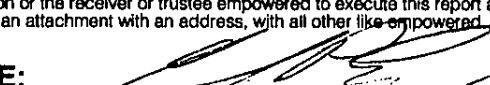
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR EASON, CARL PO BOX 525 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. BRADY, LINDA PO BOX 525 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/26/08-80005-004 150.00

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IN THIS SPACE**

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:  DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR