

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107069

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1561 CASSAT AVE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

12428 SAN JOSE BLVD.  
SUITE 1  
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

PO BOX 56586  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

PO BOX 57967  
JACKSONVILLE, FL 32241 US

**FEI Number:** 59-3487405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLERREN, TODD  
1561 CASSAT AVE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

MCCLERREN, TODD  
12428 SAN JOSE BLVD.  
SUITE 1  
JACKSONVILLE, FL 32223 US

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: TODD MCCLERREN

04/07/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCLERREN, TODD  
Address: P.O. BOX 56586  
City-St-Zip: JACKSONVILLE, FL 322416586

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCCLERREN, TODD  
Address: P.O. BOX 57967  
City-St-Zip: JACKSONVILLE, FL 32241

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: TODD MCCLERREN

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date