

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054554

FILED
Feb 14, 2008
Secretary of State

Entity Name: JEAN-FELERT CADET, M.D., P.A.

Current Principal Place of Business:

1226 SW MAIN BLVD
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2204
LAKE CITY, FL 32056 US

New Mailing Address:

P O BOX 2204
LAKE CITY, FL 32056 US

FEI Number: 59-3470069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CADET, JEAN-FELERT MD MPH
137 SW CHUCK GLN
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

CADET, JEAN-FELERT MD MPH
1226 SW MAIN BLVD
LAKE CITY, FL 32025 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:

02/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OFF () Delete
Name: CADET, JEAN-FELERT MD MPH
Address: 1226 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32025 US

Title: SECR () Delete
Name: THEVENIN, MARIE CARMELLE LPN
Address: 137 CHUCK GLN
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change () Addition
Name: CADET, MARIE CARMELLE LPN
Address: 170 SW WOODDUCK CT
City-St-Zip: LAKE CITY, FL 32024 US

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: JEAN-FELERT CADET MD MPH

DR

02/14/2008

Electronic Signature of Signing Officer or Director

Date