

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90038 036 ***150.00

DOCUMENT # P99000020458					
1. Entity Name JUDE DESORMEAU M.D., P.A.					
Principal Place of Business 2550 SE WALTON ROAD PORT SAINT LUCIE, FL 34952			Mailing Address 958 SOUTH MILITARY TRAIL, #405 WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0899525	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESORMEAU, JUDE MD 958 SOUTH MILITARY TRAIL, #405 WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME DESORMEAU, JUDE MD		<input type="checkbox"/> Delete		
STREET ADDRESS 958 SOUTH MILITARY TRAIL, #405					
CITY - ST - ZIP WEST PALM BEACH, FL 33415					
TITLE 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____			Date _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

00043000



04062008 Chg-P CR2E034 (12/06)

04-10-08 (561) 301 4589

ATTACHMENT

60024989

P99000020458

Please note
a change of
Principal Place of
Business
New address is:

1860 N. Lawnwood
Circle.

Fort Pierce FL.

34950.

My mailing address
has not changed.

Thank you.

