2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P99000096192

Entity Name: OCEANWAY MEDICAL CENTER, INC.

Current Principal Place of Business:

11513 NORTH MAIN STREET
JACKSONVILLE, FL 32218

New Principal Place of Business:

11513 NORTH MAIN STREET
JACKSONVILLE, FL 322184002

Current Mailing Address:

PO BOX 28150
JACKSONVILLE, FL 322268150

New Mailing Address:

FEI Number: 59-3606613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BATEH, RICKY P
10 WEST ADAMS STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MICOLUCCI, JEANNE B
Address: 904 ORIENTAL GARDENS
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete
Name: MICOLUCCI, VICTOR C
Address: 904 ORIENTAL GARDENS
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete
Name: BATEH, RICKY P
Address: 8843 SAN JOSE BLVD, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: VICTOR C. MICOLUCCI VP 01/23/2009
Electronic Signature of Signing Officer or Director Date