

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24441

FILED
May 02, 2008
Secretary of State

Entity Name: TAMARA L. MAULE, O.D., P.A.

Current Principal Place of Business:

8903 W. GLADES ROAD
BAY A1-4
BOCA RATON, FL 33434 US

Current Mailing Address:

7731 OAK GROVE CIRCLE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

8903 W. GLADES ROAD
BAY A1
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 65-0242093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAULE, TAMARA L.
8903 W. GLADES ROAD
BAY A1-4
BOCA RATON, FL 33434 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAULE, TAMARA L.,
Address: 7731 OAK GROVE CIR
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MAULE, TAMARA L.,
Address: 7731 OAK GROVE CIR
City-St-Zip: LAKE WORTH, FL 33467 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: DR. TAMARA L. MAULE

D

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date