

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S52005	
1. Entity Name DELAND CENTRAL MEDICAL ASSOCIATES, INC.	

Principal Place of Business 650 W PLYMOUTH DELAND FL 32720-5243	Mailing Address 650 W PLYMOUTH DELAND FL 32720-5243
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3065276	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, BETSY 650 W PLYMOUTH DELAND FL 32720	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 Betsy J. Levin DATE 4-14-8

Signature typed or printed name of registered agent and the filer in place (NOTE: Registered Agent signature requires notary public)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEVIN, BETSY 650 W PLYMOUTH DELAND FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000909808 05/06/08-80086-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LEVIN, HERBERT I 650 W PLYMOUTH DELAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betsy J. Levin DATE 4-14-8 DAYCARE FEE 386-788-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR