

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91999

FILED
Apr 07, 2008
Secretary of State

Entity Name: DRS. ANGEL, MORALES, KALTER, RAMOS-SANTOS AND FONTENOT, M.D.S, P.A.

Current Principal Place of Business:

13601 BRUCE B DOWNS BLVD
250
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

13601 BRUCE B DOWNS BLVD
250
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3123109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, JEFFREY L.
13601 BRUCE B DOWNS BLVD
TAMPA, FL 33613 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: PD () Delete
Name: ANGEL, JEFFREY L
Address: 16211 TALAVERA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: SD () Delete
Name: MORALES, WALTER J
Address: 6415 MACLURIN DR.
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: KALTER, CRAIG S
Address: 6431 RENWICK CIR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: RAMOS-SANTOS, EDGARD
Address: 17102 BOYSCOUT RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: FONTENOT, MICHAEL T
Address: 17807 ARBOR HAVEN DR
City-St-Zip: TAMPA, FL 33647

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:

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: JEFFREY L. ANGEL M.D.

PD

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date