

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40780

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: MEDICAL GROUP OF NORTH FLORIDA, P.A.

## Current Principal Place of Business:

2626 CARE DRIVE  
STE 200  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 14100  
TALLAHASSEE, FL 323174100 US

## New Mailing Address:

FEI Number: 59-3122147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, ROBERT A ESQ.  
227 S CALHOUN ST  
TALLAHASSEE, FL 32301 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: VD ( ) Delete  
Name: THACKER, RICHARD  
Address: 9381 WINTERCREEK CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete  
Name: LAKSHIM, GURUSAMI  
Address: 3348 CHARLESTON RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete  
Name: WALDENBERGER, LEONARD J  
Address: 2626 CARE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: DAMRON, RICK  
Address: 2626 CARE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Delete  
Name: LEICHUS, LEONARD  
Address: 4913 HIGH GROVE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete  
Name: RANDELL, ANDREA  
Address: 5968 OX BOTTOM MANOR DR.  
City-St-Zip: TALLAHASSEE, FL 32312

## 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:

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: PIERCE, ROBERT A ESQ.

CRA

04/29/2008

Electronic Signature of Signing Officer or Director

Date