## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2008 08:00 A Secretary of State

	ANNOAL	KEFORI		7		Sacrat	ary of S
1. Entity Na	JMENT # V43431 I C. SUTLY, M.D., P.A.					Secret	ary or S
Principal Pla	ce of Business	Mailing Address		1			
520 RIVIER	A WEST	520 RIVIERA WEST					
INDIALANTI	C, FL 32903	INDIALANTIC, FL 32903					
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				59-312	<u>437</u> 2		Not Applicable
	and the same of th			5. Certificate	of Status Desired		5 Additional
	6. Name and Address of Current R	The Control of the Co	Standard Commencer	* Clieb 12 v term	on the senter	Fee F	Required
	6. Name and Address of Current R	egistered Agent					
SUTLY, J	OSEPH C.					an Grad Miles	
520 RIVIERA WEST					NOT W	KILE	世级 法门
INDIALANTIC, FL 32903				INI	HIS SP	ACE	HE THOUGH
			1			AUE	
			English Control				Barrier Tolly
8. The above	a named entity submits this statement for t	he nurnose of changing its register	ed office or register	ed about or bot	h in the State of Flo	de la la marilla de la companiona de la	N. V. Sankill
the obliga	tions of registered agent.	The property of the regions.	se omeo or regional	od agent, or box	ii, iii tile State of Flo	noa. Tantaniie	ii wiiii, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	d utle if applicable (NOTE, Registers	id Agent signature required	when reinstating)	HIGH	URPER 46	
	-		.*			<del>ĴĨŹŰŨĠĠĨŨ</del>	<del>08 150,00  </del>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	S. Election Campaign Final     Trust Fund Contribution.	+	00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	8.12	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	经有限的 电影	Parantal Control	なる おはなりなり
TITLE	D						
NAME	SUTLY, JOSEPH C.			5. 政策基			100
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	INDIACAITIC, I E 32303						13852200
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CITY-ST-ZIP			ENGLIGHT THE		ALT LANGE		د المراجعة
	certily that the information supplied with th	is filling does not qualify for the eve	montions contained	in Chanter 110	Florida Statutae 1 f	ಾಗ್ ಅವರ್ಷ್ಟ್ urther certify the	the information
indicated of the cor	on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my signat ered to execute this report as requir	ure shall have the sa	ame legal effect	as if made under or	ath that I am an o	officer or director

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

8/April /08

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1.321-724-275)

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