

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031881

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** OAK PARK PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

1720 EL JOBEAN ROAD  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

18501 MURDOCK CIRCLE  
SUITE 507  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

18501 MURDOCK CIR  
SUITE 507  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 20-2496949      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TROMBLE, RICK A  
18501 MURDOCK CIRCLE  
SUITE 507  
PORT CHARLOTTE, FL 33948 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  
**Name:** TROMBLE, MICHELE L  
**Address:** 18501 MURDOCK CIR- SUITE 507  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**Title:** VSTD  
**Name:** TROMBLE, RICK A  
**Address:** 18501 MURDOCK CIR- SUITE 507  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

I hereby 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 all other like empowered.

SIGNATURE: RICK TROMBLE

DIR

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date