

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600436

FILED
Feb 14, 2007
Secretary of State

Entity Name: DRS. BARRACK & LIANE, P.A.

Current Principal Place of Business:

100 W. BAY ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

100 W. BAY ST.
JACKSONVILLE, FL 32202 US

Current Mailing Address:

100 W. BAY ST.
JACKSONVILLE, FL 32202

New Mailing Address:

100 W. BAY ST.
JACKSONVILLE, FL 32202 US

FEI Number: 59-1218385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIANE, PETER D.
100 WEST BAY STREET
JACKSONVILLE, FL 32202 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: PTSD () Delete
Name: LIANE,PETER D., O.D.,
Address: 100 W. BAY ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD () Delete
Name: LIANE, NANCY
Address: 100 W. BAY ST.
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: LIANE,PETER D., O.D.,
Address: 100 W. BAY ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD (X) Change () Addition
Name: LIANE, NANCY M
Address: 100 W. BAY ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY M.LIANE

VD

02/14/2007

Electronic Signature of Signing Officer or Director

Date