# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2005 8:00 am**
**Secretary of State**
04-22-2005 90264 040 ***150.00

DOCUMENT # F00524

1. Entity Name
DANIEL W. MCGRANE, M.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 6725 CEDAR RIDGE DRIVE ✓<br>~~P O BOX 7329~~<br>ZEPHYRHILLS, FL ~~33540~~ 33542 | 6725 CEDAR RIDGE DRIVE ✓<br>~~P O BOX 7329~~<br>ZEPHYRHILLS, FL ~~33540~~ US 33542 |

**DO NOT WRITE IN THIS SPACE**

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2025149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCGLAWN, VANETTE~~ BRITTON MCGRANE
5410 PINE~~BROOK~~BARK LANE
~~WESLEY~~ WESLEY CHAPEL, FL 33543

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Britton McGrane 4/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PDS |
| NAME | MCGRANE, DANIEL W. |
| STREET ADDRESS | 6725 CEDAR RIDGE DR S 4 |
| CITY-ST-ZIP | ZEPHYRHILLS, FL |
| TITLE | S |
| NAME | MCGLAWN, ~~VANETTE~~ delete |
| STREET ADDRESS | 6725 CEDAR RIDGE DR |
| CITY-ST-ZIP | ZEPHYRHILLS, FL |
| TITLE V | BRITTON MCGRANE add |
| NAME | 6725 CEDAR RIDGE DR |
| STREET ADDRESS | ZEPHYRHILLS FL 33542 |
| CITY-ST-ZIP | |
| TITLE S | L. VANETTE MCGLAWN |
| NAME | MONT JEAN 97133 |
| STREET ADDRESS | ST BARTHELEMY FWI |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 4/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #