2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

indicated on this report or supplemental report is true and

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or truste if changed, or on an attachment with any

SIGNATURE:

FILED Feb 07, 2008 08:00 All Secretary of State DOCUMENT # P01000019742 1. Entity Name DANNY MCMILLAN FARMER M.D., P.A. Puncipal Place of Business Mailing Address 570 MEMORIAL CIRCLE 570 MEMORIAL CIRCLE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2863130 Not Applicable Zib Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marrie LOGUIDICE, JOSEPH A 1515 RIDGEWOOD AVE., STE A Street Address (P.O. Box Number is Not Acceptable) HOLLY HILL FL 32117 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 प कुर सदस्य, typed or printed han e of registered agent is intin ellf emplicable. (NOTE: Registered Agent's genture requires when rolingating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. . . Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 02/15/08-80071-002-50000 - Addition De ete TITLE FARMER, DANNY NAME STREET ADDRESS 570 MEMORIAL CIRCLE STREE! ADDRESS CITY - ST~ ZIP ORMOND BEACH FL 32174 City-St-7iP TITLE Derete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IF ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP h this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 sowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 b, with all other like employeered. I hereby certify that the information supplied with this filling