


2008 FOR PROFIT CORPORATION ANNUAL REPORT

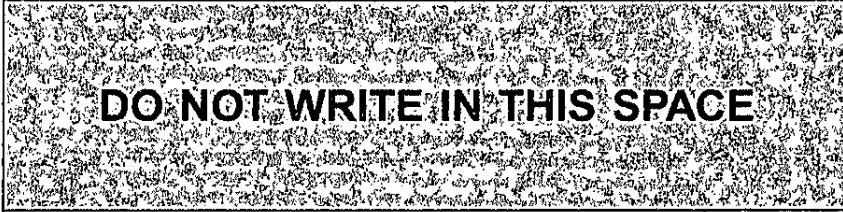

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000446685
 1. Entity Name
 EDWARD D. SCANLAN, M.D., P.A.



Principal Place of Business
 425 S KINGS AVE
 BRANDON, FL 33511

Mailing Address
 425 S KINGS AVE
 BRANDON, FL 33511

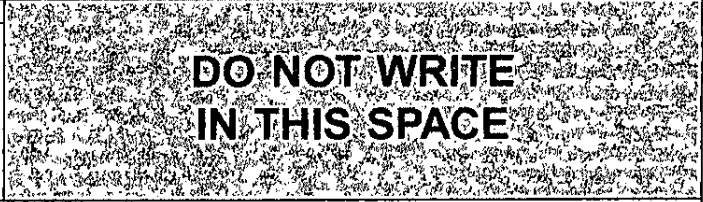
01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3760664	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SCANLAN, EDWARD D MD
 425 S KINGS AVE
 BRANDON, FL 33511



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.

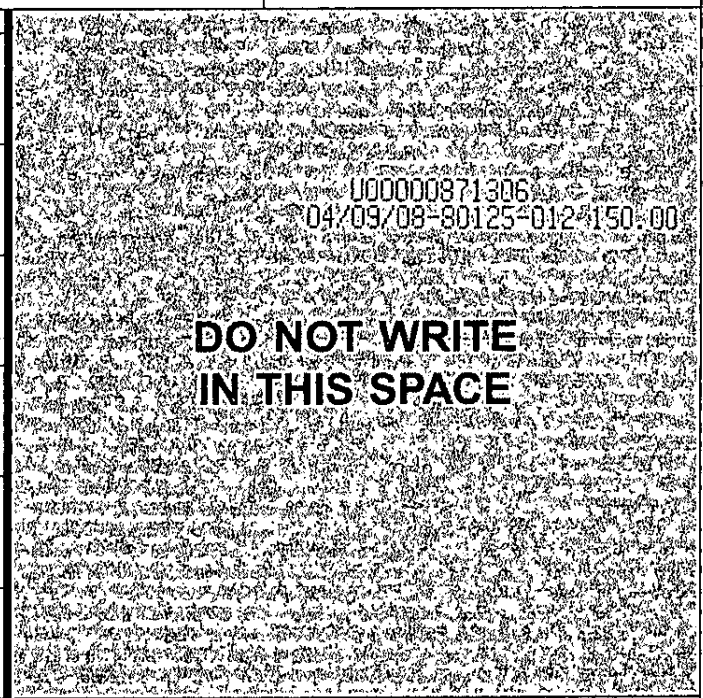
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCANLAN, EDWARD D 425 S KINGS AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SCANLAN, ELIZABETH C 425 S KINGS AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edward Scanlan M.D. **EDWARD SCANLAN M.D.** 3/24/08 803-685-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #