


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000132837	
1. Entity Name EASTERN MEDICAL OFFICES OF DONNA DARNELL ACUPUNCTURE PHYSICIAN, P.A.	

FILED
Jul 24, 2008 08:00 AM
Secretary of State

Principal Place of Business 2699 STIRLING ROAD C403D HOLLYWOOD, FL 33312	Mailing Address 2699 STIRLING ROAD C403D HOLLYWOOD, FL 33312
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07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARNELL, DONNA
1231 SE 1ST STREET #7
FT LAUDERDALE, FL 33301

**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 _____ U00000956260
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 07/24/08-80005-014 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNELL, DONNA 1231 SE 1ST STREET #7 FT LAUDERDALE, FL 33301
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IN THIS SPACE**

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: _____ **7/15/08 GSA 895 742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #