

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132837

FILED
Jan 16, 2009
Secretary of State

Entity Name: EASTERN MEDICAL OFFICES OF DONNA DARNELL ACUPUNCTURE PHYSICIAN, P.A.

Current Principal Place of Business:

2699 STIRLING ROAD C403D
HOLLYWOOD, FL 33312

New Principal Place of Business:

2699 STIRLING ROAD C403D
HOLLYWOOD, FL 33312 65

Current Mailing Address:

2699 STIRLING ROAD C403D
HOLLYWOOD, FL 33312

New Mailing Address:

2699 STIRLING ROAD C403D
HOLLYWOOD, FL 33312 65

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: _____ 01/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DARNELL, DONNA
Address: 1231 SE 1ST STREET #7
City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DARNELL, DONNA K
Address: 1231 SE 1ST STREET #7
City-St-Zip: FT LAUDERDALE, FL 33301

Title: OWN () Change (X) Addition
Name: DONNA DARNELL AP,
Address: 1231 SE 1ST STREET #7
City-St-Zip: FT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify 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: DONNA DARNELL AP OWN 01/16/2009
Electronic Signature of Signing Officer or Director Date