2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P07000075239

Entity Name: SCHELLHASE, KOEHLER AND O'SHAUGHNESSY, P.A.

Current Principal Place of Business:

5435 ORTEGA BLVD SUITE #2
JACKSONVILLE, FL 32210

New Principal Place of Business:

5435 ORTEGA BLVD
SUITE #2
JACKSONVILLE, FL 32210

Current Mailing Address:

5435 ORTEGA BLVD SUITE #2
JACKSONVILLE, FL 32210

New Mailing Address:

5435 ORTEGA BLVD
SUITE #2
JACKSONVILLE, FL 32210

FEI Number: 26-0367509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 N. LAURA ST., SUITE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHELLHASE, DANIEL J
Address: 5114 SAN JUAN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: KOEHLER, KAREN E
Address: 5114 SAN JUAN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: SCHELLHASE, DANIEL J
Address: 5435 ORTEGA BLVD SUITE #2
City-St-Zip: JACKSONVILLE, FL 32210

Title: DR. (X) Change ( ) Addition
Name: KOEHLER, KAREN E
Address: 5435 ORTEGA BLVD SUITE #2
City-St-Zip: JACKSONVILLE, FL 32210

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: DANIEL J. SCHELLHASE DDS,MS PRES 03/31/2009

Electronic Signature of Signing Officer or Director Date