

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V29538	
1. Entity Name JAMES W. MCCAULEY, M.D., P.A.	

Principal Place of Business 951 NW 13 STREET #3D BOCA RATON, FL 33486	Mailing Address 951 NW 13 STREET #3D BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

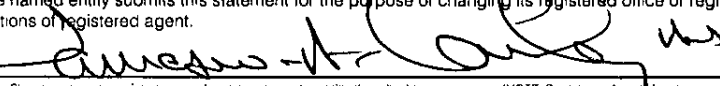
4. FEI Number 65-0330107	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCAULEY, JAMES W
951 NW 13 STREET #3D
BOCA RATON, FL 33486**

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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  DATE **2/22/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

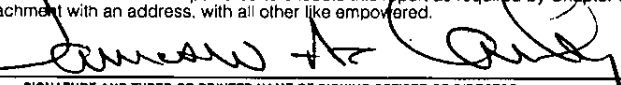
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000836320 03/04/08-80012-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES W 951 NW 13 ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE **2/22/08** (561) 392 0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR