

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00524

**Entity Name:** DANIEL W. MCGRANE, M.D., P.A.**Current Principal Place of Business:**6725 CEDAR RIDGE DRIVE  
ZEPHYRHILLS, FL 33542**Current Mailing Address:**3380 COQUINA KEY DRIVE SE  
ST. PETERSBURG, FL 33705 US**FEI Number:** 59-2025149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGRANE, DANIEL W DR.  
3380 COQUINA KEY DR. SE  
ST. PETERSBURG, FL 33705 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:** DANIEL W. MCGRANE

03/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |                 |                            |
|-----------------|-------------------------|-----------------|----------------------------|
| Title           | PDS                     | Title           | V                          |
| Name            | MCGRANE, DANIEL W.      | Name            | MCGLAWN-MCGRANE, BRITTON W |
| Address         | 6725 CEDAR RIDGE DR S 4 | Address         | 6725 CEDAR RIDGE DR        |
| City-State-Zip: | ZEPHYRHILLS FL          | City-State-Zip: | ZEPHYRHILLS FL 33542       |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DANIEL W MCGRANE MD

PRESIDENT

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date