

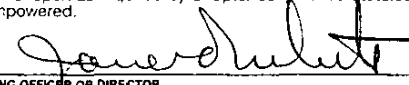


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90024 035 \*\*\*150.00

<b>DOCUMENT #483104</b> 1. Entity Name <b>DRS. CLACK, SPENCER, WHITE &amp; MCCORMACK, P.A.</b>					
Principal Place of Business <b>2001 WEBBER STREET SARASOTA, FL 34239</b>			Mailing Address <b>2001 WEBBER STREET SARASOTA, FL 34239</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>59-1614252</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>CLACK, W. PEARSON</b> <b>2001 WEBBER ST</b> <b>SARASOTA, FL 34239</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>WHITE, JAMES O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> City <b>FL</b> Zip Code		
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 <b>JAMES O. WHITE, M.D.</b>  DATE _____ <small>Signature, typed or printed name of registered agent or a title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLACK, W. PEARSON</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CLACK, W. PEARSON</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCCORMACK, KEVIN M</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HENNESSY, JILL M</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ZACKS, JEFFREY F.</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SPENCER, ROBERT J</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>WHITE, JAMES O</b> <b>2001 WEBBER ST.</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITE, JAMES O.</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REED, THOMAS J</b> <b>2001 WEBBER STREET</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>JAMES O. WHITE, M.D.</b> 			(941) 362-8900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		