

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 586554

FILED
Jan 09, 2009
Secretary of State

Entity Name: MARION J. MATHEWS, M.D., P.A.

Current Principal Place of Business:

425 W 19TH STREET SUITE A
PANAMA CITY, FL 32405

New Principal Place of Business:

425 W 19TH STREET
SUITE A
PANAMA CITY, FL 32405

Current Mailing Address:

425 W 19TH STREET SUITE A
PANAMA CITY, FL 32405

New Mailing Address:

2655 FEROL LANE
LYNN HAVEN, FL 32444

FEI Number: 59-1847340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEWS, MARION J.
2655 FEROL LANE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

MATHEWS, MARION J M.D.
2655 FEROL LANE
LYNN HAVEN, FL 32444 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: MARION J. MATHEWS, M.D.

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHEWS, MARION J MD,
Address: 425 W 19TH ST SUITE A
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATHEWS, MARION J M.D.
Address: 2655 FEROL LANE
City-St-Zip: LYNN HAVEN, FL 32444

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: MARION J. MATHEWS, M.D.

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date