

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602937 (5)

1. Corporation Name

JAMES L. MCLAUGHLIN, P.A.



Principal Place of Business

1500 S MAGNOLIA EXT STE 205
OCALA FL 32671

Mailing Address

1500 S MAGNOLIA EXT STE 205
OCALA FL 32671

3. Date Incorporated or Qualified

06/30/1971

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

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Zip

Country

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30

4. FEI Number

59-1354933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, JAMES L MD
1500 S MAGNOLIA EXT
OCALA FL 32671

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name or new address (agent's only if applicable)

Signature typed or printed name or new address (agent's only if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MCLAUGHLIN, MD, JAMES L
1500 S. MAG. EXT. S. 205
OCALA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

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Signature
Date

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Signature

James L. McLaughlin, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

352-732-2266

Telephone Number

CR2E034 (12/95)