


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90010 009 \*\*\*150.00

<b>DOCUMENT # 665314</b> 1. Entity Name <b>WILLIAM R. MARSHALL, M.D., P.A.</b>					
Principal Place of Business <b>928 D MAR WALT DR</b> <b>FT WALTON BCH, FL 32547-6706</b>				Mailing Address <b>928 D MAR WALT DR</b> <b>FT WALTON BCH, FL 32547-6706</b>	
2. Principal Place of Business - No P.O. Box # <b>1034 Mar Walt Dr</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>Ste. 100</b>		Suite, Apt. #, etc. 			
City & State <b>Fort Walton Bch., FL</b>		City & State 		4. FEI Number <b>59-1998252</b>	
Zip <b>32547</b>		Country <b>OKalooosa</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARSHALL, WILLIAM R</b> <b>928 D MAR WALT DR</b> <b>FT WALTON BCH, FL 32548</b>				7. Name and Address of New Registered Agent  Name 	
Street Address (P.O. Box Number is Not Acceptable) <b>1034 MAR WALT DR.</b>				Street Address (P.O. Box Number is Not Acceptable) 	
City & State <b>Fort Walton Bch FL</b>				City & State 	
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 obligation of registered agent. SIGNATURE:  <b>William R. MARSHALL</b> <span style="float: right;">3/18/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete <b>MARSHALL, WILLIAM R</b> <b>2350 TWIN BAY VIEW</b> <b>FT WALTON BCH, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>WILLIAM R MARSHALL</b> <span style="float: right;">3/18/08 (850) 315-9207</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					