

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 681583

1. Entity Name
CLINICAL PHYSIOLOGY ASSOCIATES, INC.



Principal Place of Business
**4110 CENTER POINTE DE, STE 219
C/O DAVID D. MICHIE
FT. MYERS, FL 33916**

Mailing Address
**1377 WAINWRIGHT WAY
C/O DAVID D. MICHIE
FT. MYERS, FL 33919 US**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2000392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MICHIE, DAVID D.
1377 WAINWRIGHT WAY
FT. MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000860890
04/02/08-80077-025-150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MICHIE, DAVID D
STREET ADDRESS	1377 WAINWRIGHT WAY
CITY-ST-ZIP	FT MYERS, FL

TITLE	VP
NAME	MICHIE, DONNA
STREET ADDRESS	1377 WAINWRIGHT WAY
CITY-ST-ZIP	FT. MYERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Donna M Michie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 239 4812634
Date Daytime Phone #