## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 681583** 

FILED Apr 15, 2009 Secretary of State

Entity Name: CLINICAL PHYSIOLOGY ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 4110 CENTER POINTE DE, STE 219 C/O DAVID D. MICHIE FT. MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 1377 WAINWRIGHT WAY C/O DAVID D. MICHIE FT. MYERS, FL 33919 US FEI Number: 59-2000392 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHIE, DAVID D 1377 WAINWRIGHT WAY FT. MYERS, FL 33919 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MICHIE, DAVID D Name: Name: 1377 WAINWRIGHT WAY Address: Address: City-St-Zip: FT MYERS, FL City-St-Zip: ( ) Delete Title: VΡ Title: (X) Change ( ) Addition Name: MICHIE, DONNA Name: MICHIE, DONNA 1377 WAINWRIGHT WAY Address: 1377 WAINWRIGHT WAY Address: FT. MYERS, FL FT. MYERS, FL 33919 City-St-Zip: City-St-Zip:

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: DAVID D. MICHIE DR. 04/15/2009