


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00524**  
 1. Entity Name  
**DANIEL W. MCGRANE, M.D., P.A.**



Principal Place of Business      Mailing Address  
**6725 CEDAR RIDGE DRIVE**      **6725 CEDAR RIDGE DRIVE**  
**ZEPHYRHILLS, FL 33542**      **ZEPHYRHILLS, FL 33542 US**

**DO NOT WRITE IN THIS SPACE**



02082007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2025149**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCGRANE, BRITTON**  
**5410 PINEBROOK LANE**  
**WESLEY CHAPEL, FL 33543**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

1000000682937  
 04/05/07-80026-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MCGRANE, DANIEL W. 6725 CEDAR RIDGE DR S 4 ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGRANE, BRITTON 6725 CEDAR RIDGE DR ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLAWN, L. VANETTE MONT JEAN ST BARTHELEMY, FWI, 97133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**       **3/22/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #