# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2012**
**Secretary of State**

DOCUMENT# F05825

**Entity Name:** THOMAS MCCLANE, M.D., P.A.

**Current Principal Place of Business:**

107 C MORNINGSIDE DRIVE
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

107 C MORNINGSIDE DRIVE
LAKELAND, FL 33803

**New Mailing Address:**

P.O. BOX 2477
LAKELAND, FL 33806

**FEI Number: 59-2040276** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLANE, THOMAS M.D.
107 C MORNINGSIDE DRIVE
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: MCCLANE, THOMAS M.D.
Address: 203 PALMOLA ST
City-St-Zip: LAKELAND, FL 33803 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS MCCLANE, M.D. PRES 04/19/2012

Electronic Signature of Signing Officer or Director Date