2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07842

Entity Name: ROBERT W. SNARE M.D., P.A.

FILED Mar 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

1187 MAIN STREET SUITE 3

CHPILEY, FL 32428 US

Current Mailing Address: New Mailing Address:

P O BOX 827

CHIPLEY, FL 32428 US

FEI Number: 59-2113934 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:

SNARE, ROBERT W 1187 MAIN STREET - STE 3 PO BOX 827 CHIPLEY, FL 32428 US SNARE, ROBERT W 1187 MAIN STREET - STE 3 CHIPLEY, FL 32428 US

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: ROBERT W SNARE 03/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: SNARE, ROBERT W, Name:

 Name:
 SNARE, ROBERT W,
 Name:

 Address:
 1187 MAIN STREET #3
 Address:

 City-St-Zip:
 CHIPLEY FL,
 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: ROGER L LANEY III POA 03/25/2008