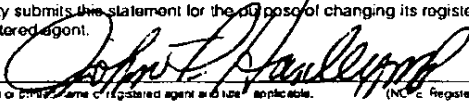
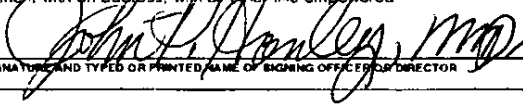


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90145 007 \*\*\*150.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # F28593</b><br>1. Entity Name<br><b>HANLEY &amp; HANLEY, M.D., P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                               |                                                                                                                     |                                                                             |                                                                   |
| Principal Place of Business<br><b>707 DRUID ROAD EAST<br/>C/O JOHN PATRICK HANLEY<br/>CLEARWATER FL 33756<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                               | Mailing Address<br><b>707 DRUID ROAD EAST<br/>C/O JOHN PATRICK HANLEY<br/>CLEARWATER FL 33756<br/>US</b>            |                                                                                                                                                              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | City & State                                  |                                                                                                                     | 4. FEI Number <b>59-2111886</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                  | Zip                                           | Country                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>HANLEY, JOHN PATRICK<br/>707 DRUID ROAD EAST<br/>CLEARWATER FL 34616</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                               |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                         |                                                                   |
| 8. The above named entity submits the 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.<br>SIGNATURE  DATE _____<br><small>Signature, typed or printed name of registered agent and fee is applicable. (Not for Registered Agent signature required when re-registering)</small>                                                                                                                                      |                                                                          |                                               |                                                                                                                     |                                                                                                                                                              |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                              |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>HANLEY, JOHN PATRICK<br>707 DRUID ROAD EAST<br>CLEARWATER FL 33756 | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>HANLEY, KAY K.<br>707 DRUID ROAD EAST<br>CLEARWATER FL 33756        | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE _____ DAYTIME PHONE # _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                               |                                                                                                                     |                                                                                                                                                              |                                                                   |