


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90048 018 \*\*\*158.75

**DOCUMENT # F99000005283**

1. Entity Name  
 JOHN P. MCDONOUGH, C.R.N.A., P.C.



Principal Place of Business      Mailing Address

~~2836 GULFVIEW DR~~      ~~2836 GULFVIEW DR~~  
~~NAPLES, FL 34112~~      ~~NAPLES, FL 34112~~

50018733

2. Principal Place of Business      3. Mailing Address

86479 MEADOWFIELD BLUFFS RD      86479 MEADOWFIELD BLUFFS RD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01052005    Chg-P    CR2E034 (10/03)

City & State      City & State

YULEE, FL      YULEE, FL

Zip      Country MASSA      Zip      Country MASSA

32097      32097

4. FEI Number      Applied For

42-1161579      Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONOUGH, JOHN P  
~~2836 GULFVIEW DR~~  
~~NAPLES, FL 34112~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 86479 MEADOWFIELD BLUFFS RD

City YULEE      FL      Zip Code 32097

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCDONOUGH, JOHN P <del>2836 GULFVIEW DR</del> 86479 MEADOWFIELD BLUFFS RD NAPLES, FL 34112 YULEE, FL 32097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTHA A MCDONOUGH, MARTHA R 86479 MEADOWFIELD BLUFFS RD YULEE, FL 32097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: *John P. McDonough, President*      Date: 2/15/05 (239) 272-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #