


**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

<p>DOCUMENT # G14530</p> <p>1. Entity Name</p> <p>CHARLES A. MCLAUGHLIN, M.D., P.A.</p>	
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Mailing Address

27227  
29 W MARTIN LUTHER KING BLVD  
SUITE 510  
TAMPA, FL 33609 US

**DO NOT WRITE IN THIS SPACE**



01282008 No Chq-P CR2E034 (11/05)

4. FEI Number  
56-1287436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, CHARLES A.  
4700 N. HABANA STE 305 2727 W MARTIN LUTHER  
TAMPA, FL 33614- KING BLVD  
SUITE 510  
TAMPA FL 33609

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	PD
NAME	MCLAUGHLIN, CHARLES A
STREET ADDRESS	2729 W MARTIN LUTHER KING BLVD STE 510
CITY - ST - ZIP	TAMPA, FL 33607

TITLE	2727
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q. And that's the only one that's been found?

Daytime Phone # \_\_\_\_\_