

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G85382** (1)  
1. Corporation Name  
**DONALD A. MCEACHERN, M.D., P.A.**



Principal Place of Business: **1511 SOUTH TAMiami TRAIL, STE 201 VENICE FL 34292**  
Mailing Address: **1511 SOUTH TAMiami TRAIL, STE 201 VENICE FL 34292**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	<b>02/20/1984</b>	<b>02/13/1995</b>
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	<b>59-2381440</b>	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
<b>MCEACHERN, DONALD A. 1511 SOUTH TAMiami TRAIL, STE 201 VENICE FL 34292</b>	<table border="1"> <tr><td>81. Name</td><td></td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr> <tr><td>83.</td><td></td></tr> <tr><td>84. City</td><td></td></tr> <tr><td>85. Zip Code</td><td><b>FL</b></td></tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.		84. City		85. Zip Code	<b>FL</b>
81. Name											
82. Street Address (P.O. Box Number is Not Acceptable)											
83.											
84. City											
85. Zip Code	<b>FL</b>										

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCEACHERN, DONALD A.</b>	2. NAME	
STREET ADDRESS	<b>1511 S. TAMiami TRAIL, #201</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>VENICE FL</b>	4. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed. I am a shareholder with an address.

SIGNATURE: *Donald A. McEachern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/28/96 813-497-2138  
Daytime Phone #

CR2E034 (12/95)