## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # G85382

1. Entity Name

DONÁLD A. MCEACHERN, M.D., P.A.



**FILED** Jan 20, 2004 08:00 AM Secretary of State

Principal Place of Business

1511 SOUTH TAMIAMI TRAIL, STE 201 VENICE, FL 34292

1511 SOUTH TAMIAMI TRAIL, STE 201 VENICE, FL 34292



## DO NOT WRITE IN THIS SPACE

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Teac TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/03) No Chg-P 01092004 4. FEI Number 59-2381440 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCEACHERN, DONALD A. 1511 SOUTH TAMIAMI TRAIL, STE 201 **VENICE, FL 34292** 

## DO NOT WRITE 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 Sprikture, typod or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaling)					
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ABORESS CITY-ST-ZIP	P MCEACHERN, DONALD A. 1511 S. TAMIAMI TRL,#201 VENICE, FL				U0000008279
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000008279 01/20/04-80056-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	, ,	•
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.					