


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G85382
 1. Entity Name
 DONALD A. MCEACHERN, M.D., P.A.



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

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)
 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

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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

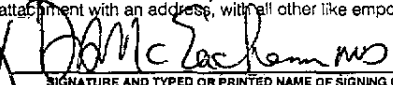
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCEACHERN, DONALD A.
STREET ADDRESS	1511 S. TAMiami TRL,#201
CITY-ST-ZIP	VENICE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in (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 has the 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 provided in 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
 Date: 1/22/05 Daytime Phone #: 941-497-2135