


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 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



02082006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000447184
 03/08/06-80045-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCEACHERN, DONALD A. 1511 S. TAMiami TRL.#201 VENICE, FL
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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: X Donald A. Mceachern 2/20/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #