

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90032 024 \*\*\*150.00

<b>DOCUMENT # K55292</b> 1. Entity Name <b>THEODORE I. MACEY, M.D., P.A.</b>																											
Principal Place of Business <b>928-D MAR WALT DR-</b> <b>FORT WALTON BEACH, FL 32547 US</b>		Mailing Address <b>928-D MAR WALT DR-</b> <b>FORT WALTON BEACH, FL 32547 US</b>																									
2. Principal Place of Business - No P.O. Box # <b>1034 Mar Walt Dr.</b>		3. Mailing Address <b>same</b>																									
Suite, Apt. #, etc. <b>ste 310</b>		Suite, Apt. #, etc. 																									
City & State <b>Fort Walton Bch, FL</b>		City & State 																									
Zip <b>32547</b>		Country <b>OKalooosa</b>																									
4. FEI Number <b>59-2931914</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>MACEY, THEODORE I M</b> <b>928-D MAR WALT DR.</b> <b>FORT WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent Name <b>THEODORE I. MACEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1034 Mar Walt Dr.</b> <b>ste 310</b> City <b>Fort Walton Bch</b> <b>FL</b> Zip <b>32547</b>																									
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 <b>THEODORE I MACEY</b> <b>3/18/08</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;">NAME</td> <td style="width: 10%;">MACEY, THEODORE I.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>928-D MAR WALT DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>FT WALTON BEACH, FL</td> </tr> </table>		TITLE	D <input type="checkbox"/> Delete	NAME	MACEY, THEODORE I.	STREET ADDRESS			928-D MAR WALT DR	CITY-ST-ZIP			FT WALTON BEACH, FL	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 30%;">NAME</td> <td style="width: 10%;">1034 MAR WALT DR, ste 310</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>FORT WALTON Bch, FL 32547</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	1034 MAR WALT DR, ste 310	STREET ADDRESS			FORT WALTON Bch, FL 32547	CITY-ST-ZIP			
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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: <b>THEODORE I MACEY</b> <b>3/18/08</b> <b>(850) 315-9207</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #</small>																											