

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


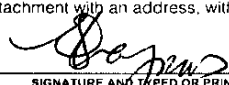
**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90108 037 \*\*\*150.00

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01182007 Chg-P CR2E034 (12/06)

DOCUMENT # L29744			
1. Entity Name ELAINE C. SHARP, M.D., P.A.			
Principal Place of Business 1329 COLLEGE PKWY GULF BREEZE, FL 32561 US		Mailing Address PO BOX 449 CENTRALIA, IL 62801 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 70	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jerseyville, IL	
Zip	Country	Zip	Country
		62052	
4. FEI Number 59-2975367		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHARP, ELAINE C 87 BAYBRIDGE PARK GULF BREEZE, FL 32561		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, ELAINE C 1329 COLLEGE PKWY GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-450-3854	