

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47791

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: PETER B. MCKERNAN, M.D., D.D.S., P.A.

## Current Principal Place of Business:

6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

6101 WEBB ROAD  
SUITE 211  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 59-2992495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKERNAN II, PETER ATTY  
6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

MCKERNAN, M.D., D.D.S, PETER  
6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

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.

SIGNATURE: PETER B. MCKERNAN, M.D., D.D.S.

01/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MCKERNAN, PETER B., M.D.  
Address: 6101 WEBB RD. #211  
City-St-Zip: TAMPA, FL

Title: ST (X) Delete  
Name: MCKERNAN, PETER B., M.D.  
Address: 6101 WEBB RD. STE. 211  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCKERNAN, PETER B., M.D.  
Address: 6101 WEBB RD. #211  
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER B. MCKERNAN, M.D., D.D.S.

P

01/18/2008

Electronic Signature of Signing Officer or Director

Date