## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90521

City-St-Zip:

ORMOND BEACH, FL 32176

Entity Name: JOHN ANTHONY WHITE, M.D., P.A.

FILED Feb 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
			New Fillicipal Flace		
	YDE MORRIS B A BEACH, FL 3				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	YDE MORRIS B A BEACH, FL 3				
FEI Numbe	r: 59-3020458	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
523 HALIF	T, G LAURENC FAX AVENUE A BEACH, FL 3				
	e named entity s te of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financing	Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D () WHITE, JOHN A 747 OCEAN SH		Title: Name: Address:	( ) Change ( ) Addition	

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: JOHN A. WHITE, MD PRES 02/07/2009