


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M79510 1. Entity Name MEADOWCREST FAMILY PRACTICE, P.A.	
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Principal Place of Business 5915 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429 US	Mailing Address 5915 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429 US
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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2901288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEGRAW, JOHN R. 5915 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

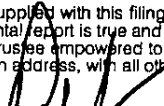
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000803539 02-05-08-80028-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEGRAW JOHN R. 5915 W. GULF LAKE HWY CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKERT, JIM 5915 W. GULF LAKE HWY CRYSTAL RIVER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  Jim C. Dickert	Date: 1-24-08 Daytime Phone #: 352-795-0644
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	