

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056478

FILED
Apr 30, 2010
Secretary of State

Entity Name: MICHAEL C. TRACY, M.D., P.A.

Current Principal Place of Business:

859 PARK AVE
SUITE 102
ORANGE PARK, FL 32073

New Principal Place of Business:

2830 HARVEST MOON
ORANGE PARK, FL 32073

Current Mailing Address:

859 PARK AVE
SUITE 102
ORANGE PARK, FL 32073

New Mailing Address:

165 WELLS RD
SUITE 304
ORANGE PARK, FL 32073

FEI Number: 59-3651292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACY, MICHAEL C M.D.
859 PARK AVE
SUITE 102
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

TRACY, MICHAEL C M.D.
2830 HARVEST MOON
ORANGE PARK, FL 32073 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: MICHAEL C TRACY MD

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST
Name: TRACY, MICHAEL C M.D.
Address: 2830 HARVEST MOON
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL C .TRACY MD

DPST

04/30/2010

Electronic Signature of Signing Officer or Director

Date