2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115706

Entity Name: LAYNE R. YONEHIRO, M.D., P.A.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 N. "E" STREET 1717 N. SUITE 238 SUITE 531

PENSACOLA, FL 325016390 US PENSACOLA, FL 325016390 US

Current Mailing Address: New Mailing Address:

1717 N. "E" STREET 1717 N. SUITE 238 SUITE 531

PENSACOLA, FL 325016390 US PENSACOLA, FL 325016390 US

FEI Number: 59-3680629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YONEHIRO, LAYNE RADKIN M.D.

1717 N "E" STREET

1717 N "C" STREET

1717 N "C" STREET

SUITE 238 SUITE 531
PENSACOLA, FL 325016390 US PENSACOLA, FL 325016390 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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD () Delete Title: () Change () Addition

Name: YONEHIRO, LAYNE R MD Name:
Address: 1717 N. Address:

 Address:
 1717 N.
 Address:

 City-St-Zip:
 PENSACOLA, FL 325016390
 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: LAYNE R YONEHIRO MD 04/30/2009