

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117760

Entity Name: M.J. DOLISTER, M.D., P.A.

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

1112 KELTON BOULEVARD
GULF BREEZE, FL 32563

New Principal Place of Business:

18 VIA DE LUNA
UNIT 1406
PENSACOLA BEACH, FL 32561

Current Mailing Address:

1112 KELTON BOULEVARD
GULF BREEZE, FL 32563

New Mailing Address:

P.O. BOX 160
GULF BREEZE, FL 32562

FEI Number: 59-3688391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLISTER, MICHAEL J
1112 KELTON BOULEVARD
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

DOLISTER, MICHAEL J
18 VIA DE LUNA
UNIT 1406
PENSACOLA BEACH, FL 32561 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 J DOLISTER

03/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: DOLISTER, MICHAEL J
Address: 1112 KELTON BOULEVARD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DOLISTER, MICHAEL J
Address: P.O. BOX 160
City-St-Zip: GULF BREEZE, FL 32562

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: MICHAEL J DOLISTER

DR

03/08/2009

Electronic Signature of Signing Officer or Director

Date