2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

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Entity Name: MICHELLE MCLANAHAN, M.D., P.A.

Current Principal Place of Business:

8075 GATE PARKWAY WEST
SUITE 305
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

8075 GATE PARKWAY WEST
SUITE 305
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3706872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP
Name: MCLANAHAN, MICHELLE A M.D.
Address: 8075 GATE PARKWAY WEST, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32216

Title: P
Name: DERBABIAN, DAVID A D.O.
Address: 8075 GATE PARKWAY WEST, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: MICHELLE A. MCLANAHAN, M.D., P.A.
Address: 8075 GATE PARKWAY WEST, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: MICHELLE A. MCLANAHAN, M.D., P.A.
Address: 8075 GATE PARKWAY WEST, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32216

Title: 8075
Name: MICHELLE A. MCLANAHAN, M.D., P.A.
Address: 8075 GATE PARKWAY WEST, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32216

Title: 8075
Name: MICHELLE A. MCLANAHAN, M.D., P.A.
Address: 8075 GATE PARKWAY WEST, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32216

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: MCLANAHAN, M.D. MICHELLE MD 01/12/2010

Electronic Signature of Signing Officer or Director Date