


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90046 040 \*\*\*150.00

<b>DOCUMENT # P01000073077</b>	
1. Entity Name JOHN A. COLLERAN, D.O., P.A.	

Principal Place of Business 10679 PARK PLACE DR. LARGO, FL 33778	Mailing Address 10679 PARK PLACE DR. LARGO, FL 33778
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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3733658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent	
COLLERAN, JOHN A 10679 PARK PLACE DR. LARGO, FL 33778	560 JACKSON ST. Ste 100 St. Petersburg, FL 33705-1405

**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.

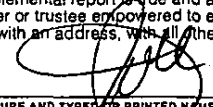
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLERAN, JOHN A 10679 PARK PLACE DR. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	560 JACKSON ST. St. Petersburg FL 33705-1405
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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: X  X 1/31/08 727-439-5804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #