2005 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 07, 2005 08:00 AM

√813 1857-305q Daytime Phone #

| | | | . 19141 079 2000 00:00 |
|--|--|----------------------------|---|
| DOCUMENT # P0100012099 1. Entity Name DAVID P. MCCRANEY, M.D., P.A. | 7 | | Secretary of State |
| Principal Place of Business 550 E DAVIDSON ST BARTOW, FL 33830 Mailing Address 550 E DAVIDSON ST BARTOW, FL 33830 | | | |
| | | | |
| | | | C (OEKINOS) III BENET NOK BOKS EGIN GEKAT KRISE NOKI BOKIO KENE GAN KERTERI YI HERK |
| DO NOT WRITE IN THIS SPACE | | | 01042005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For |
| | | | 59-3160764 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name and Address of Current Regis | tered Agent | | |
| WILSON, DONALD H JR 245 S CENTRAL AVE | | | DO NOT WRITE |
| BARTOW, FL 33830 | · - | | IN THIS SPACE |
| The above named entity submits this statement for the p the obligations of registered agent. | ourpose of changing its registere | ed office or register | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | if applicable (NOTE, Registered | d Agent signature required | ed when reinstating) DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | 5.00 May Be ded to Fees |
| 10. OFFICERS AND DIREC | CTORS | 1 | |
| TITLE P NAME MCCRANEY, DAVID P STREET ADDRESS 550 E. DAVIDSON ST. CITY-ST-ZIP BARTOW, FL 33830 | • | | { |
| TITLE NAME STREET ADDRESS | | | U00000254394 03/07/05-80073-008 150.00 |
| CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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: \ Naux Ms ley \ \ 3/2/05 \ \ 813.857-3059 | | | |