


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90243 007 \*\*\*150.00

**DOCUMENT # P01000120997**

1. Entity Name  
**DAVID P. MCCRANEY, M.D., P.A.**



Principal Place of Business      Mailing Address

**550 E DAVIDSON ST  
 BARTOW, FL 33830**      **550 E DAVIDSON ST  
 BARTOW, FL 33830**

2. Principal Place of Business      3. Mailing Address

**154 Avenue H, SE**      **P O Box 7249**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**Suite 1**

City & State      City & State

**Winter Haven, FL**      **Winter Haven, FL**

Zip      Country      Zip      Country

**33880**      **USA**      **33883-7249**      **USA**



05012006    Chg-P    CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**

**WILSON, DONALD H JR  
 245 S CENTRAL AVE  
 BARTOW, FL 33830**

4. FEI Number      Applied For

**59-3160764**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

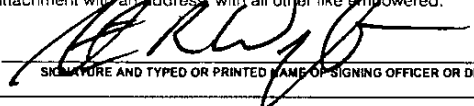
**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCRANEY, DAVID P	
STREET ADDRESS	550 E. DAVIDSON ST.	
CITY - ST - ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCraney, David P	
STREET ADDRESS	P O Box 7249	
CITY - ST - ZIP	Winter Haven, FL 33883-7249	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**       **4/28/06 863-299-6815**

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