2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000052913

1. Entity Name
CHARLES C. GREENE, M.D., PH.D., P.A.

Principal Place of Business	Mailing Address
6100 KENNERLY RD STE 102 JACKSONVILLE, FL 32216	6100 KENNERLY RD SUITE 102 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

02062008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
01-0681671		Not Applicable

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

6. Name and Address of Current Registered Agent

BRADFORD, DANA G II
50 N. LAURA STREET
SUITE 2200
JACKSONVILLE, FL 32202

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000938659
05/27/08-80039-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	GREENE, CHARLES C MD, PHD
STREET ADDRESS	6100 KENNERLY RD SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
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CITY-ST-ZIP	

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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.

Charles C Greene, MD, PhD

SIGNATURE: _____   4/29/08   (904)419-2054

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