2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 08:00 A Secretary of State

ANNUAL REPORT					
DOCUMENT # P0300002836 1. Entity Name DENNIS MCDONAGH, M.D., P.A.	66				Secretary of S
2636 FOREST CIRCLE	Mailing Address 2636 FOREST CIRCLE JACKSONVILLE, FL 32257		 	88188 11111 88211 88111 8 811	A BENIN KARU INISA HINI BUNIN UNTUKA NI KARI
DO NOT WRITE IN THIS SPA		CE	01102008 4. FEI Numbe 41-208	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DR STE 105 JACKSONVILLE, FL 32207				NOT W	
8. The above named entity submits this statement for the the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title.		ed office or register		h, in the State of Flo	rida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
10. OFFICERS AND DIRE TILE D NAME MCDONAGH, DENNIS STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32257 TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS			U00000 03/27/08-	855834 80068-004 150.00
TITLE HAME STREET ADDRESS CITY-SI-ZIP TITLE VAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE IN THIS SPACE			
TITLE MAME 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

HIGHATURE AND TYPED OR PRINTED WHE OF SIGNING OFFICER OF DIRECTOR

3/L /08 904 549-822