2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P03000101480

Entity Name: MITCH P. FEARING, M.D., P.A.

Current Principal Place of Business:

14819 NW 140TH ST
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 20-0240352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEARING, MITCHELL M.D.
8214 SW 16TH PL
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

FEARING, MITCHEL M.D.
8214 SW 16TH PL
GAINESVILLE, FL 32607 US

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.

SIGNATURE: MITCHEL P. FEARING, MD 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FEARING, MITCH P
Address: 14819 NW 140TH ST
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHEL P. FEARING DR 03/23/2009
Electronic Signature of Signing Officer or Director Date