

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

|   |   |   |  |                                    |   |
|---|---|---|--|------------------------------------|---|
| <b>DOCUMENT # P03000103036</b>  |   |    |  |                                    |   |
| <b>1. Entity Name</b><br>JAMES H. MCCREARY, JR D.M.D. P.A.  |   |   |  |                                    |   |
| <b>Principal Place of Business</b><br>6303 N 9TH AVE.<br>PENSACOLA, FL 32504  |   | <b>Mailing Address</b><br>6303 N 9TH AVE.<br>PENSACOLA, FL 32504  |  |                                    |   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |  |                                    |   |
|   |   | 03142008    No Chg-P    CR2E034 (11/05)   |  |                                    |   |
|   |   | <table border="1"><tr><td><b>4. FEI Number</b><br/>20-0223615</td><td><b>Applied For</b><br/><input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2"><b>5. Certificate of Status Desired</b>    <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table> |  | <b>4. FEI Number</b><br>20-0223615 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>4. FEI Number</b><br>20-0223615  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable               |   |  |                                    |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  |                                    |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LIBERIS, CHARLES<br>1610 BARRANCAS AVE<br>PENSACOLA, FL 32501   |   | <b>DO NOT WRITE IN THIS SPACE</b>   |  |                                    |   |
| <b>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.</b>  |   |   |  |                                    |   |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |                                    |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |                                    |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>DO NOT WRITE IN THIS SPACE</b>   |  |                                    |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | PD<br>MCCREARY, JR, JAMES H D.M.D.<br>1834 PEYTON RD<br>PENSACOLA, FL 32503 |   |  |                                    |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   |   |  |                                    |   |
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| <b>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.</b> |   |   |  |                                    |   |
| <b>SIGNATURE: James H. McCreary, Jr., D.M.D.</b>  |   | <b>324-08 (850) 476-6329</b>  |  |                                    |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date Daytime Phone #</small>   |  |                                    |   |