2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034441

Entity Name: DANIEL R. SPURRIER, M.D., P.A.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3261 U.S. HIGHWAY 27/441 910 OLD CAMP ROAD SUITE F1 BLDG 120, STE 122 FRUITLAND PARK, FL 34731 THE VILLAGES, FL 32162

Current Mailing Address: New Mailing Address:

P.O. BOX 669 FRUITLAND PARK, FL 34731

FEI Number: 64-0945056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPURRIER, DANIEL R MD
3261 U.S. HIGHWAY 27/441
SUITE F1
FRUITLAND PARK, FL 34731 US
SPURRIER, DANIEL R MD
910 OLD CAMP ROAD
BLDG 120, STE 122
THE VILLAGES, FL 32162 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: DANIEL R. SPURRIER, M.D. 01/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 SPURRIER, DANIEL R MD
 Name:

 Address:
 P.O. BOX 669
 Address:

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 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: DANIEL R. SPURRIER, M.D. PRES 01/24/2008