

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034441

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

910 OLD CAMP ROAD  
BLDG 120, STE 122  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

1400 US HWY 441 NORTH  
STE. 538  
THE VILLAGES, FL 32159

**Current Mailing Address:**

P.O. BOX 669  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

**FEI Number:** 64-0945056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPURRIER, DANIEL R MD  
910 OLD CAMP ROAD  
BLDG 120, STE 122  
THE VILLAGES, FL 32162 US

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

SPURRIER, DANIEL R MD  
1400 US HWY 441 NORTH  
STE. 538  
THE VILLAGES, FL 32159 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, MD

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPURRIER, DANIEL R MD  
Address: P.O. BOX 669  
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby 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 all other like empowered.

SIGNATURE: DANIEL R. SPURRIER, MD

OWNE

01/10/2012

Electronic Signature of Signing Officer or Director

Date