



FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90032 001 ***150.00

07-29-2008 90032 002 *****8.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # P05000082638 | |  | | | | | | | | | | | | |
| 1. Entity Name MARGARET G. MAYO M.D. P.A. | | | | | | | | | | | | | | |
| Principal Place of Business 22091 ELMIRA BLVD PORT CHARLOTTE, FL 33952 | | Mailing Address 22091 ELMIRA BLVD PORT CHARLOTTE, FL 33952 | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MAYO, MARGARET G 22091 ELMIRA BLVD PORT CHARLOTTE, FL 33952 | | 66015673  07222008 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 56-2521201</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | 4. FEI Number 56-2521201 | Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | |
| 4. FEI Number 56-2521201 | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | |
| 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. SIGNATURE: <u><i>M. Mayo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7-22-08</u> | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>PSTD MAYO, MARGARET G 22091 ELMIRA BLVD PORT CHARLOTTE, FL 33952</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD MAYO, MARGARET G 22091 ELMIRA BLVD PORT CHARLOTTE, FL 33952 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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: <u><i>M. Mayo</i></u> DATE: <u>7-22-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | |