

2006 FOR PROFIT CORPORATION ANNUAL REPORT


04-21-2006 90214 033 ***150.00
P05000085284

FILED

06 JUL 11 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40067832

DOCUMENT # P05000085284					
1. Entity Name MCLANE MEDICAL, INC.					
Principal Place of Business 140 GATEWAY CIRCLE ST. JOHNS, FL 32259			Mailing Address 140 GATEWAY CIRCLE ST. JOHNS, FL 32259		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EEI Number 26-3059817	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCLANE, CHARLES JR 6301 WITHERINGTON LAKE COURT JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLANE, CHARLES JR		NAME		
STREET ADDRESS	6301 WITHERINGTON LAKE CT.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32258		CITY- ST- ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, NATALIE		NAME		
STREET ADDRESS	6301 WITHERINGTON LAKE CT.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32258		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, KENNETH		NAME		
STREET ADDRESS	6301 WITHERINGTON LAKE CT.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32258		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, GAIL		NAME		
STREET ADDRESS	6301 WITHERINGTON LAKE CT.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32258		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

04/25/04