2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000085284 1. Entity Name MCLANE MEDICAL, INC.

Principal Place of Business

Mailing Address

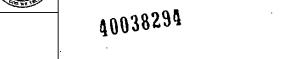
140 GATEWAY CIRCLE ST. JOHNS, FL 32259

SIGNATURE:

140 GATEWAY CIRCLE ST. JOHNS, FL 32259

FILED Mar 19, 2007 8:00 am Secretary of State

03-19-2007 90078 031 ***150.00



DO NOT WRITE IN THIS SPACE

1302007	No Cha-P	CR2E034 (11/05)	

5. Certificate of Status Desired		\$8.75 Additional Fee Required	
4. FEI Number 20-3059817	-	Applied For Not Applicable	

6. Name and Address of Current Registered Agent

MCLANE, CHARLES JR 6301 WITHERINGTON LAKE COURT JACKSONVILLE, FL 32258

DO NOT WRITE IN THIS SPACE

 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent tignature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCLANE, CHARLES JR 6301 WITHERINGTON LAKE CT. JACKSONVILLE, FL 32258						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOULD, NATALIE 6301 WITHERINGTON LAKE CT. JACKSONVILLE, FL 32258						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, GAIL 6301 WITHERINGTON LAKE CT. JACKSONVILLE, FL 32258		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby 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 true ee 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 withing a didress, with all pther like empowered.							

PICER OR DIRECTOR