

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085284

Entity Name: MCLANE MEDICAL, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

140 GATEWAY CIRCLE
A
ST. JOHNS, FL 32259

Current Mailing Address:

140 GATEWAY CIRCLE
A
ST. JOHNS, FL 32259

New Principal Place of Business:

140 GATEWAY CIRCLE
SUITE #6
ST. JOHNS, FL 32259

New Mailing Address:

140 GATEWAY CIRCLE
SUITE #6
ST. JOHNS, FL 32259

FEI Number: 20-3059817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLANE, CHARLES JR
218 ST JOHNS FOREST BLVD
ST JOHNS, FL 32259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCLANE, CHARLES JR
Address: 218 ST JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: VSD () Delete
Name: MCLANE, NATALIE
Address: 6301 WITHERINGTON LAKE CT.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: GOULD, KENNETH
Address: 218 ST. JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: D () Delete
Name: GOULD, GAIL
Address: 218 ST. JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: DR (X) Delete
Name: CASTOR, STANLEY A DOCTOR
Address: 218 ST. JOHNS FOREST BLVD
City-St-Zip: ST JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CHARLES E. MCLANE, JR.

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date