## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000117582

Entity Name: PERISON, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8140 COLLEGE PARKWAY 8270 COLLEGE PARKWAY

UNIT #106 UNIT #205

FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

8140 COLLEGE PARKWAY 8270 COLLEGE PARKWAY

UNIT #106 UNIT #205

FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

FEI Number: 75-3199685 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCCURDY, CHARLES M M.D.

8140 COLLEGE PARKWAY

UNIT #106

FORT MYERS, FL 33919 US

MCCURDY, CHARLES M M.D.

8270 COLLEGE PARKWAY

UNIT #205

FORT MYERS, FL 33919 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

Name: TAPELLA, WILLIAM C Name: TAPELLA, WILLIAM C

Address: C/O 8140 COLLEGE PARKWAY, #106 Address: C/O 8270 COLLEGE PARKWAY, #205

City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: FORT MYERS, FL 33919 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: O'BRIEN, WILLIAM F M.D. Name: O'BRIEN, WILLIAM F M.D.

Address: C/O 8140 COLLEGE PARKWAY, #106 Address: C/O 8270 COLLEGE PARKWAY, #205

City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: FORT MYERS, FL 33919 US

Title: P () Delete Title: P (X) Change () Addition
Name: MCCURDY, CHARLES M M.D.
Address: C/O 8140 COLLEGEL PARKWAY, #106
Title: P (X) Change () Addition
Name: MCCURDY, CHARLES M M.D.
Address: C/O 8270 COLLEGEL PARKWAY, #205

City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: FORT MYERS, FL 33919 US

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: WILLIAM C. TAPELLA DST 04/30/2008