

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123425

FILED
Feb 17, 2007
Secretary of State

Entity Name: CATHERINE LARNED M.D. & ASSOCIATES, P.A.

Current Principal Place of Business:

4574 PINE ISLAND ROAD
MATLACHA, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 281
MATLACHA, FL 33993 US

New Mailing Address:

FEI Number: 41-2184967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTI, CATHERINE L MD
4574 PINE ISLAND ROAD
MATLACHA, FL 33993 US

Name and Address of New Registered Agent:

LARNED, CATHERINE MD
4574 PINE ISLAND ROAD
MATLACHA, FL 33993 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: CATHERINE LARNED, MD

02/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: VALENTI, CATHERINE L M.D.
Address: 4574 PINE ISLAND ROAD
City-St-Zip: MATLACHA, FL 33993 US

Title: VP S (X) Delete
Name: VALENTI, FRANK
Address: 4574 PINE ISLAND ROAD
City-St-Zip: MATLACHA, FL 33993 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: LARNED, CATHERINE M.D.
Address: 4574 PINE ISLAND ROAD
City-St-Zip: MATLACHA, FL 33993 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE LARNED, MD

PRES

02/17/2007

Electronic Signature of Signing Officer or Director

Date