2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007
Secretary of State

DOCUMENT# P05000156713

Entity Name: WILLIAM ESCOFFERY, M.D., INC.

Current Principal Place of Business:

15477 OUTSIDE TRAIL
NOBLESVILLE, IN 46060 US

New Principal Place of Business:

339 NW. RACETRACK RD.
STE. # 2
FT. WALTON BEACH, FL 32547 US

Current Mailing Address:

15477 OUTSIDE TRAIL
NOBLESVILLE, IN 46060 US

New Mailing Address:

339 NW. RACETRACK RD.
STE. # 2
FT. WALTON BEACH, FL 32547 US

FEI Number: 02-0760127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DIR ( ) Delete
Name: ESCOFFERY, WILLIAM M
Address: 15477 OUTSIDE TRAIL
City-St-Zip: NOBLESVILLE, IN 46060 US

Title: P ( ) Delete
Name: ESCOFFERY, WILLIAM M
Address: 15477 OUTSIDE TRAIL
City-St-Zip: NOBLESVILLE, IN 46060 US

Title: SEC ( ) Delete
Name: ESCOFFERY, WILLIAM M
Address: 15477 OUTSIDE TRAIL
City-St-Zip: NOBLESVILLE, IN 46060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: ESCOFFERY, WILLIAM M
Address: 339 NW. RACETRACK RD., STE # 2
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: P (X) Change ( ) Addition
Name: ESCOFFERY, WILLIAM M
Address: 339 NW. RACETRACK RD., STE # 2
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: SEC (X) Change ( ) Addition
Name: ESCOFFERY, WILLIAM M
Address: 339 NW. RACETRACK RD., STE # 2
City-St-Zip: FT. WALTON BEACH, FL 32547 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 M. ESCOFFERY, MD DIR 07/17/2007

Electronic Signature of Signing Officer or Director Date