2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P05000158254

Entity Name: SHAUN E. LAURIE, M.D., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

2711 CAPITAL MEDICAL BLVD
SUITE 100A
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

1628 NORTH PLAZA DRIVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2711 CAPITAL MEDICAL BLVD
SUITE 100A
TALLAHASSEE, FL 32308 US

New Mailing Address:

8741 OPAL DRIVE
TALLAHASSEE, FL 32309 US

FEI Number: 02-0760689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURIE, SHONNA B
8741 OPAL DRIVE
TALLAHASSEE, FL 32309 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: D ( ) Delete
Name: LAURIE, SHAUN E
Address: 8741 OPAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D ( ) Delete
Name: LAURIE, SHONNA B
Address: 8741 OPAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHAUN E. LAURIE, M.D. DR 02/05/2009

Electronic Signature of Signing Officer or Director Date