

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128138

Entity Name: DANA M. NOLAN, OD, PA

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3588 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

3588 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205 US

Current Mailing Address:

3588 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

3588 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205 US

FEI Number: 26-1500228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
ST. JOHNS PROFESSIONAL CENTER, SUITE 105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 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: JAMES A. NOLAN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: NOLAN, DANA M OD
Address: 3588 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANA M. NOLAN, O.D.

DPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date