2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030135

Entity Name: JOHN DEAGLE, D.O., P.A.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 90290 OVERSEAS HWY., #103 TAVERNIER, FL 33070 **Current Mailing Address: New Mailing Address:** 90290 OVERSEAS HWY., #103 TAVERNIER, FL 33070 FEI Number: 65-0404054 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: DEAGLE, JOHN DEAGLE, JOHN 90290 OVERSEAS HWY 90290 OVERSEAS HWY TAVERNIER, FL 33070 US SUITE # 103 TAVERNIER, FL 33070 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: JOHN H. DEAGLE DO PA 01/08/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DEAGLE, JOHN H D.O. Name: Name: 90290 OVERSEAS HWY., #103 Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: Title: () Change () Addition () Delete Name: LESKO, NICOLE Name: 144 SOUTH HAMMOCK RD Address: Address: ISLAMORADA, FL 33036 City-St-Zip: 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: NICOLE LESKO ST 01/08/2008