

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000054445

**Entity Name:** JOHN MCPHERSON, M.D., P.A.

**FILED**  
**Jun 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1003 RIVER ROAD  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

1003 RIVER ROAD  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

**FEI Number:** 59-3197617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DYER, DAVID W P.A.  
325 FIFTH AVENUE  
SUITE 205  
INDIALANTIC, FL 32903 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCPHERSON, JOHN MD  
Address: 1003 RIVER RD  
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby 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 all other like empowered.

SIGNATURE: JOHN MCPHERSON, MD

PD

06/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date