

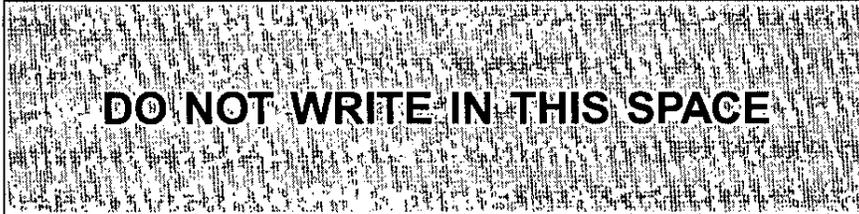
**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000071007  
 1. Entity Name  
 CRAIG W. ENGLUND, M.D., P.A.



Principal Place of Business      Mailing Address  
 770 SE 5TH TERRACE      770 SE FIFTH TERRACE  
 CRYSTAL RIVER, FL 34429 US      CRYSTAL RIVER, FL 34429



03072008      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3208438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SERVILLANO, DELACRUZ E JR  
 770 SE FIFTH TERRACE  
 CRYSTAL RIVER, FL 34429



8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

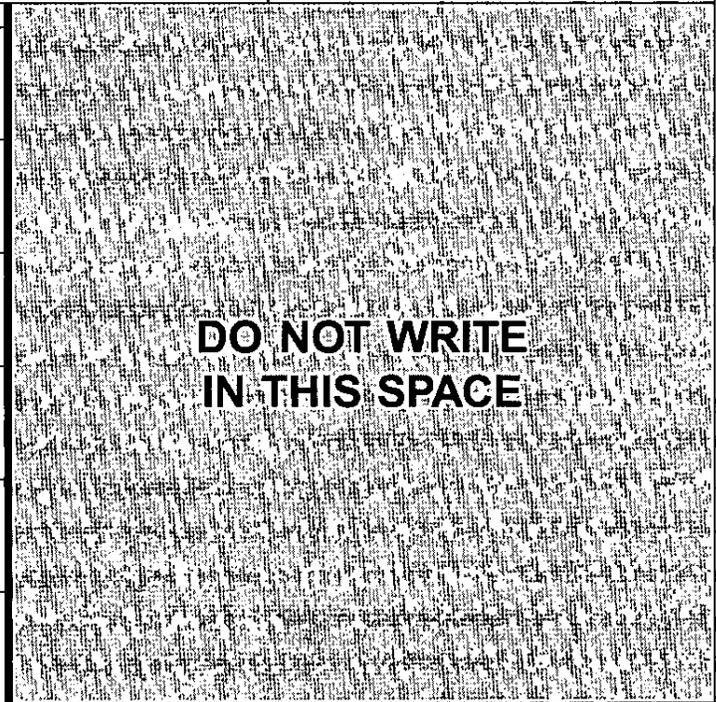
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

03/28/08-80018-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LA CRUZ, SERVILLANO E JR
STREET ADDRESS	770 SE 5TH TERRACE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	RMM
NAME	HIGHTOWER, CHRIS MANAGER
STREET ADDRESS	770 SE 5TH TERRACE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	S
NAME	HARRER, WILLIAM V
STREET ADDRESS	770 SE 5TH TERR
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **SERVILLANO E. DELA CRUZ, JR.**      3/11/08      352-795-6674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #