

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071007

FILED
Mar 03, 2009
Secretary of State

Entity Name: CRAIG W. ENGLUND, M.D., P.A.

Current Principal Place of Business:

770 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

770 SE FIFTH TERRACE
CRYSTAL RIVER, FL 34429

New Mailing Address:

770 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429 US

FEI Number: 59-3208438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SERVILLANO, DELACRUZ E JR
770 SE FIFTH TERRACE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

DELA CRUZ, SERVILLANO E M.D.
770 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429 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: SERVILLANO E. DELA CRUZ, JR., MD
Electronic Signature of Registered Agent

03/03/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELLA CRUZ, SERVILLANO E JR
Address: 770 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: RMM () Delete
Name: HIGHTOWER, CHRIS MANAGER
Address: 770 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete
Name: HARRER, WILLIAM V
Address: 770 SE 5TH TERR
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELA CRUZ, SERVILLANO E M.D.
Address: 770 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HARRER, WILLIAM V M.D.
Address: 770 SE 5TH TERR
City-St-Zip: CRYSTAL RIVER, FL 34429

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: SERVILLANO E. DELA CRUZ, JR., MD
Electronic Signature of Signing Officer or Director

P

03/03/2009

Date