

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000077528

FILED
Jan 11, 2008
Secretary of State

Entity Name: DIANA MCLAUGHLIN, M.D., P.A.

Current Principal Place of Business:

1750 S.W. HEALTH PARKWAY
NAPLES, FL 34109 US

New Principal Place of Business:

840 111TH. AVE NORTH
SUITE 4
NAPLES, FL 34108 US

Current Mailing Address:

1750 S.W. HEALTH PARKWAY
NAPLES, FL 34109 US

New Mailing Address:

840 111TH AVE NORTH
SUITE 4
NAPLES, FL 34108 US

FEI Number: 65-0532983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, DIANA
1750 S.W. HEALTH PARKWAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MCLAUGHLIN, DIANA
840 111TH. AVE NORTH
SUITE 4
NAPLES, FL 34108 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: DIANA MCLAUGHLIN

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MCLAUGHLIN, DIANA
Address: 1750 S.W. HEALTH PARKWAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MCLAUGHLIN, DIANA
Address: 840 111TH. AVE NORTH
City-St-Zip: NAPLES, FL 34108

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: DIANA MCLAUGHLIN

DR.

01/11/2008

Electronic Signature of Signing Officer or Director

Date