

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005861

FILED
Mar 30, 2008
Secretary of State

Entity Name: MARIE A. HERRMANN, M.D., P.A.

Current Principal Place of Business:

226 N NOVA ROAD
SUITE 393
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

226 N NOVA ROAD
SUITE 393
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3299840 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ISLER, CHARLES S. III
434 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HERRMANN, MARIE A
Address: 226 N NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HERRMANN, MARIE A
Address: 226 N NOVA ROAD #393
City-St-Zip: ORMOND BEACH, FL 32174

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: MARIE A. HERRMANN

DPST

03/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date