

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074072

FILED
Sep 07, 2004
Secretary of State

Entity Name: JEANNE M. MCGREGOR, M.D., M.P.H., P.A.

Current Principal Place of Business:

404 NO ALEXANDER ST
PLANT CITY, FL 33566 US

New Principal Place of Business:

404 NO ALEXANDER ST
PLANT CITY, FL 33563 US

Current Mailing Address:

POST OFFICE BOX 130778
TAMPA, FL 336810778

New Mailing Address:

FEI Number: 59-3410321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREGOR, JEANNE M
3315 HOME COURT
TAMPA, FL 33611 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: D () Delete
Name: HANSHAW, TERRI I
Address: POST OFFICE BOX 130778
City-St-Zip: TAMPA, FL 33681

Title: D () Delete
Name: MCGREGOR, JEANNE M
Address: POST OFFICE BOX 130778
City-St-Zip: TAMPA, FL 336810778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEANNE MCGREGOR

D

09/07/2004

Electronic Signature of Signing Officer or Director

_____ Date