

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000074072

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



FILED
2007 DEC 17 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
404 NO ALEXANDER ST 1605 Thanotocalla Road POST OFFICE BOX 130778
PLANT CITY, FL 33563 US TAMPA, FL 33681-0778



09112007 NO CHG P CR2ED341105

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

4. FEI Number 59-3410321 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGREGOR, JEANNE M
3315 HOME COURT
TAMPA, FL 33611

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IN THIS SPACE

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. (see Place of Business Address Change)

SIGNATURE Jeanne M. McGregor MD President DATE 9/4/07
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | HANSHAW, TERRI I |
| STREET ADDRESS | POST OFFICE BOX 130778 |
| CITY-ST-ZIP | TAMPA, FL 33681 |
| TITLE | D |
| NAME | MCGREGOR, JEANNE M |
| STREET ADDRESS | POST OFFICE BOX 130778 |
| CITY-ST-ZIP | TAMPA, FL 336810778 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

300110528233
12/17/07--01037--009 **200.00

300110528233
10/09/07--01028--012 **550.00

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IN THIS SPACE

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: Jeanne M. McGregor MD President DATE 9/4/07 813-951-0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR