2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085019

Address:

City-St-Zip:

Entity Name: DANIEL HOLLAND, M.D., P.A.3

4996 HICKORY SHORES BLVS

GULF BREEZE, FL

FILED Apr 29, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 4996 HICKORY SHORES BLVD GULF BREEZE, FL 32563 **Current Mailing Address: New Mailing Address:** P O BOX 399 GULF BREEZE, FL 325620399 FEI Number: 59-3407244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLAND, DANIEL 4996 HICKORY SHORES BLVD GULF BREEZE, FL 32563 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition Title: () Delete HOLLAND, DANIEL Name: Name: 4996 HICKORY SHORES BLVD Address: Address: City-St-Zip: GULF BREEZE, FL City-St-Zip: () Delete Title: Title: () Change () Addition HOLLAND, MARCIA Name: Name:

Address:

City-St-Zip:

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: DANIEL HOLLAND	DP	04/29/2008
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