2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9700005983

1. Entity Name

RANDAL C. DUNKLE, P.A.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3942 NORTH TAMIAMI TRAIL SARASOTA, FL 34230 3942 NORTH TAMIAMI TRAIL Sarasota, Fl. 34230



03052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0729377

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADEREWSKI, ALEXANDER G ESQ 1834 MAIN STREET SARASOTA, FL 34236

DO NOT WRITE 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.					
SIGNATURE Signature, typed or practed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or proved name or registered agent and title in	appicable. (NOTE, negistored	Agent signature	required when remissaurity	DATE
FiLE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. Added		\$5.00 May Be Added to Fees	U00000897180 04/25/08-80036-018 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNKLE, RANDAL C 3942 NORTH TAMIAMI TRAIL SARASOTA, FL 34230				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		7			

12. I hereby certify that the information supplied with his filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

941-358-9830

Daytime Phone