2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000077288

Entity Name
 NATURE COAST MEDICAL GROUP, P.A.



FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90045 025 ***150.00

Principal Place of Business

130 S.W. SEVENTH STREET WILLISTON, FL 32696

Mailing Address

130 S.W. SEVENTH STREET WILLISTON, FL 32696

40000

JAN 1 8 2008

Daytime Phone #



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3467439	 Not Applicable
5. Certificate of Status Desired	.75 Additional

6. Name and Address of Current Registered Agent

DOWNEY, KEVIN I 2631 N.W. 41ST. STREET SUITE B GAINESVILLE, FL 32606

SIGNATURE: _

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, KENNETH 130 S.W. SEVENTH STREET WILLISTON, FL 32696					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, DONALD L 130 S.W. SEVENTH STREET WILLISTON, FL 32696					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 frue 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 emplowered 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.						

Kenneth Wise, M.D. 130 SW 7th Str. Williston, FL 32696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR