


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000020276 1. Entity Name DONNA L. BLAIR LCSW, P.A.	
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Principal Place of Business 221 DUNE DRIVE SANTA ROSA BEACH, FL 32459	Mailing Address PO BOX 1642 SANTA ROSA BEACH, FL 32459
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, DONNA L
221 DUNE DRIVE
SANTA ROSA BEACH, FL 32459

**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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAIR, DONNA L
STREET ADDRESS	221 DUNE DR
CITY-ST-ZIP	SANTA ROSA BCH, FL 32459
TITLE	D
NAME	MOORE, ROBIN
STREET ADDRESS	14611 CECIL DRIVE
CITY-ST-ZIP	LITTLE ROCK, AK 72223
TITLE	D
NAME	OTT, SUSAN
STREET ADDRESS	605 RIVER CHASE POINT
CITY-ST-ZIP	ATLANTA, GA 30325
TITLE	D
NAME	PRICE, AMARYLLIS
STREET ADDRESS	12213 MILLS REAM DR
CITY-ST-ZIP	BOWIE, MD 20715
TITLE	D
NAME	DONNELLY, GREGORY
STREET ADDRESS	5864 NICHOLSON LANE #512
CITY-ST-ZIP	N BETHESDA, MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80071-013 150.00

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna L. Blair Donna L. Blair 4/22/08 850 267-9047