2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020276

Entity Name: DONNA L. BLAIR LCSW, P.A.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: 221 DUNE DRIVE SANTA ROSA BEACH, FL 32459 Current Mailing Address: PO BOX 1642 SANTA ROSA BEACH, FL 32459 FEI Number: 59-3509929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: BLAIR, DONNA L 221 DUNE DRIVE SANTA ROSA BEACH, FL 32459 FEI Number: 59-3509929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: BLAIR, DONNA L 221 DUNE DRIVE SANTA ROSA BEACH, FL 32459 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Felicition Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: Address: BLAIR, DONNAL Name: Address: BLAIR, DONNAL Name: Address: Hall L CEOL DRIVE Addre						
Current Mailing Address: PO BOX 1642 SANTA ROSA BEACH, FL 32459 FEI Number: 59-3509929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of New Registered Agent: BLAIR, DONNA L 221 DUNE DRIVE SANTA ROSA BEACH, FL 32459 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Date Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: BLAIR, DONNA L Address: 221 DUNE DR Name: MOORE, ROBIN Name: Moore, More Collected Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: () Change () Addition Name: Moderess: 14911 CECIL DRIVE City-St-Zip: Title: (Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
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FEI Number: 59-3509929 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: BLAIR, DONNA L 221 DUNE DRIVE SANTA ROSA BEACH, FL 32459 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address: 21 DUNE OR Address: City-St-Zip: Title: D () Delete Name: MOORE, ROBIN Address: 14811 CECIL DRIVE Name: MOORE, ROBIN Address: 01T, SUSAN Name: Address: 056 RIVER CHASE POINT Title: D () Delete Name: OTT, SUSAN Name: Address: OST, RUSAN DRIVER CHASE POINT Title: D () Delete Name:	Current M	ailing Address	s:	New Mailing Addres	New Mailing Address:	
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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: DONNA L. BLAIR P 04/21/2009