

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103677

FILED
Aug 21, 2007
Secretary of State

Entity Name: DEAN L. RACKLEFF, M.D., P.A.

Current Principal Place of Business:

4870 CORAL WOOD DR
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4870 CORAL WOOD DR
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3555948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN CPA, NANCY J
9416 PEBBLE GLEN AVE.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RACKLEFF, DEAN L M.D.
Address: 4870 CORAL WOOD DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: RACKLEFF, DEAN L M.D.
Address: 4870 CORAL WOOD DR
City-St-Zip: NAPLES, FL 34119

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: DEAN RACKLEFF MD

DR

08/21/2007

Electronic Signature of Signing Officer or Director

Date