


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 007 ***150.00

DOCUMENT # P99000025985	
1. Entity Name DEERWOOD PROFESSIONAL CENTER, INC.	

Principal Place of Business 1720 SE 16th Ave, #200 OCALA, FL 34471	Mailing Address 1720 SE 16th Ave, #200 OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE

Barcode: 

02082008 No Chg-P CR2E034 (11/05)

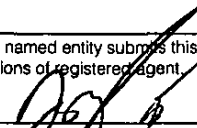
4. FEI Number 59-3576917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOYD, ROY THAD III
1720 SE 16TH AVE BLDG 200
OCALA, FL 34471

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:  DATE: 2-18-08

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

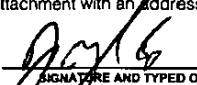
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy BOYD, RAY THAD 1720 SE 16TH AVE BLDG 200 OCALA, FL 34471
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 2-18-08 DAYTIME PHONE #: 352-861-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR