

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080460

FILED
Aug 29, 2007
Secretary of State

Entity Name: DONNA C. BENNETT, M.D., P.A.

Current Principal Place of Business:

4220 N DAVIS HWY STE 100 BLDG A
PENSACOLA, FL 32503

New Principal Place of Business:

1188-1194 MARINER BLVD.
SPRING HILL, FL 34609

Current Mailing Address:

4220 N DAVIS HWY STE 100 BLDG A
PENSACOLA, FL 32503

New Mailing Address:

1188-1194 MARINER BLVD.
SPRING HILL, FL 34609

FEI Number: 59-3594321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DONNA C M.D.
4220 N DAVIS HWY STE 100 BLDG A
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

BENNETT, DONNA C M.D.
1188-1194 MARINER BLVD.
SPRING HILL, FL 34609 US

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: DONNA C. BENNETT, M.D.

08/29/2007

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: BENNETT, DONNA C M.D.
Address: 4450 JUMENTO DR
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BENNETT, DONNA C M.D.
Address: 5331 CHAMPIONSHIP CUP LANE
City-St-Zip: SPRING HILL, FL 34609

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 C. BENNETT, M.D.

P

08/29/2007

Electronic Signature of Signing Officer or Director

Date