

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104938

Entity Name: JAMES E. LEMIRE, M.D., P.A.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

9401 SW HWY 200  
BUILDING 90  
OCALA, FL 344819612 US

## New Principal Place of Business:

## Current Mailing Address:

9401 SW HWY 200  
BUILDING 90  
OCALA, FL 344819612 US

## New Mailing Address:

FEI Number: 59-3616510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEMIRE, JAMES E  
9401 SW HWY 200  
OCALA, FL 344819612 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEMIRE, JAMES E  
Address: 9401 SW HWY 200, BUILDING 90  
City-St-Zip: OCALA, FL 344819612

Title: VP ( ) Delete  
Name: LEMIRE, NURIS  
Address: 9401 SW HWY 200, BUILDING 90  
City-St-Zip: OCALA, FL 344819612

Title: S ( ) Delete  
Name: DOWDY, KATHLEEN P  
Address: 9401 SW HWY 200, BLDG 90  
City-St-Zip: OCALA, FL 344819612

Title: TR ( ) Delete  
Name: RAY, JERRY  
Address: 9401 SW HWY 200, BLDG 90  
City-St-Zip: OCALA, FL 344819612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LEMIRE, JAMES E  
Address: 9401 SW HWY 200, BLDG 90  
City-St-Zip: OCALA, FL 344819612

Title: TR (X) Change ( ) Addition  
Name: LEMIRE, JAMES E  
Address: 9401 SW HWY 200, BLDG 90  
City-St-Zip: OCALA, FL 344819612

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: JAMES E LEMIRE

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date