2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# P99000104938

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES E LEMIRE MD P 02/22/2010

Electronic Signature of Signing Officer or Director Date