

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104938

FILED
Jan 10, 2011
Secretary of State

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

Current Principal Place of Business:

11115 S.W. 93RD COURT RD., STE 600
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

11115 S.W. 93RD COURT RD., STE 600
OCALA, FL 34481 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:

LEMIRE, JAMES E
11115 S.W. 93RD COURT RD., STE 600
OCALA, FL 344819612 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:

Electronic Signature of Registered Agent

01/10/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEMIRE, JAMES E
Address: 11115 S.W. 93RD COURT RD., STE 600
City-St-Zip: Ocala, FL 34481 US

Title: VP
Name: LEMIRE, NURIS
Address: 11115 S.W. 93RD COURT RD., STE 600
City-St-Zip: Ocala, FL 34481 US

Title: S
Name: LEMIRE, JAMES E
Address: 11115 S.W. 93RD COURT RD., STE 600
City-St-Zip: Ocala, FL 34481 US

Title: TR
Name: LEMIRE, JAMES E
Address: 11115 S.W. 93RD COURT RD., STE 600
City-St-Zip: Ocala, FL 34481 US

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

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date