

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22567

FILED
Jan 26, 2006
Secretary of State

Entity Name: DAVID M. MCFADDIN, M.D., P.A.

Current Principal Place of Business:

OAKHURST PROFESSIONAL PARK
1320 SE 25TH LOOP, STE. #102
OCALA, FL 344711024

New Principal Place of Business:

2301 S.E. 3RD AVENUE
BUILDING 100, SUITE B
OCALA, FL 344715114

Current Mailing Address:

OAKHURST PROFESSIONAL PARK
1320 SE 25TH LOOP, STE. #102
OCALA, FL 344711024

New Mailing Address:

2301 S.E. 3RD AVENUE
BUILDING 100, SUITE B
OCALA, FL 344715114

FEI Number: 59-3044512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFADDIN, DAVID M., M.D.
OAKHURST PROFESSIONAL PARK
1320 SE 25TH LOOP, STE. #102
OCALA, FL 344711024 US

Name and Address of New Registered Agent:

MCFADDIN, DAVID M., M.D.
2301 S.E. 3RD AVENUE
BUILDING 100, SUITE B
OCALA, FL 344715114 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:

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: MCFADDIN, DAVID M.,
Address: 1320 SE 25TH LOOP, STE. #102
City-St-Zip: OCALA, FL 344711024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: MCFADDIN, DAVID M.,
Address: 2301 S.E. 3RD AVE, BLDG 100, SUITE B
City-St-Zip: OCALA, FL 344715114

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID M. MCFADDIN

DR.

01/26/2006

Electronic Signature of Signing Officer or Director

Date