

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 574510

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** JOHN Q. STAUFFER, M.D., P.A.

**Current Principal Place of Business:**

2919 W. SWANN AVE.  
SUITE #205  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

2919 W. SWANN AVE.  
SUITE #205  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-1828425      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAUFFER, JOHN Q. M.D.  
2919 W. SWANN AVE.  
SUITE #205  
TAMPA, FL 33609 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: PTD  
Name: STAUFFER, JOHN Q.  
Address: 4915 NEW PROVIDENCE AVE.  
City-St-Zip: TAMPA, FL 33629

Title: S  
Name: STAUFFER, LESLIE  
Address: 4915 NEW PROVIDENCE AVE.  
City-St-Zip: TAMPA, FL 33629

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: JOHN Q. STAUFFER M.D.

PTD

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date