2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State
07-27-2004 90036 026 ***150.00

DOCUMENT # 607187

1. Entity Name
JACK FAUP, M.D., P.A.

Principal Place of Business	Mailing Address
1603 S. HIWASSEE STE 120 ORLANDO, FL 32835 US	1603 S. HIWASSEE STE 120 ORLANDO, FL 32835 US

54064993

07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1863850
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAUP, JACK
1603 S. HIWASSEE, SUITE 120
ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	FAUP, JACK
STREET ADDRESS	1603 S. HIWASSEE, SUITE 120
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	FAUP, JACK
STREET ADDRESS	1603 S. HIWASSEE, SUITE 120
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK FAUP M.D. 7/23/04 407 2993160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 54064993

#607187

Florida Department of State
Division of Corporations
PO BOX 6198
Tallahassee, FL 32314-6198

July 19, 2004

To Whom It May Concern:

The following is in reponse to the notice of intent to dissolve for Jack Faup, M.D. We would like to ask for the late fee assessed to be waived due to the fact that the reminder notification postcard wasn't received until recently. Our office is always on the lookout for information concerning our business status and we didn't receive this form as we do every year. Enclosed please find the Business Annual Report and forgive our tardiness in submitting.

Sincerely,

Jack Faup, M.D.