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May 01, 2008 8:00 am
Secretary of State

03-28-2008 90027 049 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #607187

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

Principal Place of Business	Mailing Address
1601 PARK CENTER DR SUITE 9 ORLANDO, FL 32835 US	1601 PARK CENTER DR SUITE 9 ORLANDO, FL 32835 US

01252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1515 Park Center Dr	1515 Park Center Dr
Suite, Apt. #, etc. Suite 2I	Suite, Apt. #, etc. Suite 2I
City & State Orlando, FL	City & State Orlando, FL
Zip 32835-5794 Country USA	Zip 32835-5794 Country USA

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
1601 PARK CENTER DRIVE
SUITE 9
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1515 Park Center Dr

Suite 2I

City Orlando FL Zip Code 32835

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 [signature] 3-13-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FAUP, JACK 1601 PARK CENTER DR, SUITE 9 ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1515 Park Center Dr, Suite 2I Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUP, JACK 1601 PARK CENTER DR, SUITE 9 ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1515 Park Center Dr, Suite 2I Orlando, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #