


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

01-29-2007 90099 050 ***150.00

DOCUMENT # H40417 1. Entity Name HENRY J. RICHTER, M.D., P.A.	
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Principal Place of Business % HENRY J. RICHTER, MD 4919 DORA DRIVE P O BOX 55 TANGERINE, FL 32777	Mailing Address % HENRY J. RICHTER, MD 4919 DORA DRIVE P O BOX 55 TANGERINE, FL 32777
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2496796	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHTER, HENRY J., MD 4919 DORA DRIVE 1502 N Donnelly St, Ste 110 P O BOX 55 TANGERINE, FL 32777	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RICHTER, HENRY J., MD 4919 DORA DRIVE P O BOX 55 TANGERINE, FL 32777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	see above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2/22/07 Daytime Phone #: 352-735-0068
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