2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # H68311

1. Entity Name
MEDICAL PROFESSIONAL AGENCY, INC.

Principal Place of Business	Mailing Address
1717 NORTH E STREET SUITE 320 PENSACOLA, FL 32501 US	1717 NORTH E STREET SUITE 320 ATTN J KEHOE PENSACOLA, FL 32501 US

04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2555835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, JOHN T
1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000508006
04/27/06-80086-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PORTER, JOHN
STREET ADDRESS	1717 N. E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 35021
TITLE	AS
NAME	YADEN, DEBRA A
STREET ADDRESS	1717 N. E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VPD
NAME	GAUBERT, SHARON
STREET ADDRESS	1717 N "E" ST., STE. 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	STD
NAME	MCGEE, ELEANOR
STREET ADDRESS	1717 N. E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Debra A. Yaden Debra A. Yaden, Asst. Sec. 4/6/06 850/469-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #