

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001266

FILED
Apr 20, 2006
Secretary of State

Entity Name: FLORIDIANS FOR PATIENT PROTECTION, INC.

Current Principal Place of Business:

218 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1365
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 01-0640014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, RONALD G ESQ
2544 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CLARK, MARK
Address: P. O. BOX 4056
City-St-Zip: WEST PALM BEACH, FL 33402 US

Title: P () Delete
Name: IMBERTSON, JACQUELINE
Address: 1101 CHEROKEE STREET
City-St-Zip: JUPITER, FL 33458 US

Title: CD () Delete
Name: CARRUTHERS, SCOTT
Address: 218 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VCD () Delete
Name: COKER, HOWARD
Address: 136 E. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT CARRUTHERS

CD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date