

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90040 039 ***150.00

DOCUMENT # P02000070055
 1. Entity Name
 F.R. ASSOCIATES, INC.



Principal Place of Business
 150 N. WESTMONE DR
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 150 N. WESTMONE DR
~~SUITE 116~~
 ALTAMONTE SPRINGS, FL 32714

00007700



2. Principal Place of Business - No P.O. Box #
 150 N WESTMONTE DR
 Suite, Apt. #, etc.

3. Mailing Address
 150 N WESTMONTE DR.
 Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State
 ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL

Zip Country Zip Country
 32714 32714

4. FEI Number
 02-0613624

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAY, CHARLES M
 150 N. WESTMONTE DR.
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDP BERGER, JACK 150 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MAY, CHARLES M 150 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FARLEY, TIMOTHY E MD 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SERAFINI, ANTON 150 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARY J. FELSBERG, M.D. 150 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STEPHEN M. BURSTELMANN 150 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Gary J. Felsberg DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR