


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 16, 2006 08:00 A
Secretary of State

DOCUMENT # V29538	
1. Entity Name JAMES W. MCCAULEY, M.D., P.A.	

Principal Place of Business 951 NW 13 STREET #3D BOCA RATON, FL 33486	Mailing Address 951 NW 13 STREET #3D BOCA RATON, FL 33486
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07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0330107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAULEY, JAMES W
951 NW 13 STREET #3D
BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

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: *James W. McCauley, M.D.* (NOTE: Registered Agent signature required when reinstating) DATE: 8/10/06

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES W 951 NW 13 ST BOCA RATON, FL
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08/16/06-80006-003 550.00

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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: *James W. McCauley, M.D.* (561) 393 0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/10/06 Daytime Phone #