


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # 463974
1. Entity Name
JOHN S. BOGGS, M.D., P.A.



Principal Place of Business 1820 BARRS STREET SUITE 104 JACKSONVILLE, FL 32204	Mailing Address 1820 BARRS STREET SUITE 104 JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1554801	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
BOGGS, JOHN S.
1820 BARRS STREET
SUITE 104
JACKSONVILLE, FL 32204

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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 \$550.00
Due by September 14, 2007**

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	PD BOGGS, JOHN S. 1820 BARRS STREET JACKSONVILLE, FL
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07/12/07-80009-017 550.00

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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: John S. Boggs MD **JOHN S. BOGGS MD** 7/09/07 **904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date