

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90308 022 ***150.00

DOCUMENT #-480738

1. Entity Name

PRAKIT JEERAPAET, M.D., P.A.



Principal Place of Business

**116 S MONTCLAIR AVE
BRANDON FL 33511
US**

Mailing Address

**116 S. MONTCLAIR AVENUE
BRANDON FL 33511**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1621040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEERAPAET, PRAKIT
C/O PRAKIT JEERAPAET MD PA
116 S. MONTCLAIR AVE.
BRANDON FL 33511**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JEERAPAET, PRAKIT
STREET ADDRESS 5118 HOMER AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME JEERAPAET, PRAKIT
STREET ADDRESS 5914 MENORCA LANE
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE STD ☐ Delete
NAME JEERAPAET, MALAI
STREET ADDRESS 5118 HOMER AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME JEERAPAET, MALAI
STREET ADDRESS 5914 MENORCA LANE
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Malai Jeerapaet* (MALAI JEERAPAET)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/06

813-685-7714

Date

Daytime Phone #