2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 533540

1. Entity Name
J. MICHAEL JASPER, M.D., P.A.

Principal Place of Business	Mailing Address
5149 NORTH 9TH AVE., SUITE 241 PENSACOLA, FL 32504	5149 NORTH 9TH AVE. SUITE 241 PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1732332

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JASPER, J. MICHAEL
5149 NORTH 9TH AVE., SUITE 241
PENSACOLA, FL 32504

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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 J. Michael Jasper 02/26/07
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, 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	PT
NAME	JASPER, J. MICHAEL MD
STREET ADDRESS	5149 NORTH 9TH AVE., SUITE 241
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	SD
NAME	JASPER, J. MICHAEL MD
STREET ADDRESS	5149 NORTH 9TH AVE., SUITE 241
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J. M. Jasper J. Michael Jasper 02/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #