

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90110 047 ***150.00

DOCUMENT # 550288

1. Entity Name
BLAKE & FRANKLIN, M.D.'S, P.A.



Principal Place of Business
**505 MARTIN LUTHER KING JR. AVE, STE 2
LAKELAND, FL 33801-1527**

Mailing Address
**505 MARTIN LUTHER KING JR. AVE, STE 2
LAKELAND, FL 33801-1527**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33815

Country

Zip
33815

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1792000

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

**BLAKE, WENDELL O.
505 MARTIN LUTHER KING, JR. AVENUE
LAKELAND, FL 33801-1500**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code
33815

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
BLAKE, WENDELL O.
505 M. L. KING AVE, STE2
LAKELAND, FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FRANKLIN, BENJAMIN
505 M. L. KING AVE, STE2
LAKELAND, FL 33801** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.O. Blake

Date

Daytime Phone #

2-8-06 (863) 683-5567