


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 034 ***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 33815			Mailing Address 505 MARTIN LUTHER KING JR. AVE, STE 2 LAKELAND, FL 33801-1527 33815		
2. Principal Place of Business - No P.O. Box # 505 Martin Luther King Jr Suite, Apt. #, etc. Suite 2 City & State Lakeland, FL Zip 33815		3. Mailing Address 505 Martin Luther King Jr Suite, Apt. #, etc. Suite 2 City & State Lakeland, FL Zip 33815			
Country USA		Country USA		4. FEI Number 59-1792000	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BLAKE, WENDELL O. 505 MARTIN LUTHER KING, JR. AVENUE LAKELAND, FL 33801-1500			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 505 Martin Luther King Jr Ave Suite 2 City Lakeland 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME BLAKE, WENDELL O.		TITLE NAME	NAME NAME	
STREET ADDRESS 505 M. L. KING AVE, STE2	CITY-ST-ZIP LAKELAND, FL 33801		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE S	NAME FRANKLIN, BENJAMIN		TITLE NAME	NAME NAME	
STREET ADDRESS 505 M. L. KING AVE, STE2	CITY-ST-ZIP LAKELAND, FL 33801		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE 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 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: <u>W.O. Blake, M.D.</u> W.O. Blake, M.D. <u>3-10-2008</u> (863) 683-5567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					