


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 579146 1. Entity Name DR. JOHN PAUL CLAXTON, P.A.			
Principal Place of Business 1605 SOUTH CYPRESS RD. POMPANO BEACH, FL 33060		Mailing Address 1605 SOUTH CYPRESS RD. POMPANO BEACH, FL 33060	
DO NOT WRITE IN THIS SPACE		04252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1832718 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 CLAXTON, DR. JOHN PAUL 1605 SOUTH CYPRESS RD. POMPANO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE	
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, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PVT CLAXTON, DR. JOHN PAUL 670 S.E. 24TH AVENUE POMPANO BEACH, FL			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Dr. P. Claxton MS PA</u> <u>John P. Claxton MS PA</u> <u>4/29/05</u> <u>(954) 882-2440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>DATE</small> <small>Daytime Phone #</small>			