2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# 579146

Entity Name: DR. JOHN PAUL CLAXTON, P.A.

Current Principal Place of Business:

1605 SOUTH CYPRESS RD.
POMPANO EBACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1605 SOUTH CYPRESS RD.
POMPANO EBACH, FL 33060

New Mailing Address:

FEI Number: 59-1832718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAXTON, DR. JOHN PAUL
1605 SOUTH CYPRESS RD.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVT ( ) Delete
Name: CLAXTON, DR. JOHN PAUL
Address: 670 S.E. 24TH AVENUE
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PAUL CLAXTON, D.D.S. PVT 04/06/2006

Electronic Signature of Signing Officer or Director — Date