

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597862

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** JOHN JOSEPH JANICK, M.D., P.A.

**Current Principal Place of Business:**

4369 TAMIAMI TRAIL  
SUITE 100  
CHARLOTTE HARBOR, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

4369 TAMIAMI TRAIL  
SUITE 100  
CHARLOTTE HARBOR, FL 33980

**New Mailing Address:**

**FEI Number:** 59-1900239      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANICK, JOHN JOSEPH M.D.  
4369 TAMIAMI TRAIL  
SUITE 100  
CHARLOTTE HARBOR, FL 33980 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:** PSTD ( ) Delete  
**Name:** JANICK, JOHN J MD  
**Address:** 4369 TAMIAMI TRAIL SUITE 100  
**City-St-Zip:** CHARLOTTE HARBOR, FL 33980

**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 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 J. JANICK, M.D.

PSTD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date