

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90046 050 ***150.00

DOCUMENT # 602483	
1. Entity Name EDGAR W. SAPP, M.D., P.A.	



Principal Place of Business 1605 W THONOTOSASSA ROAD PLANT CITY, FL 33566	Mailing Address 1605 W THONOTOSASSA ROAD PLANT CITY, FL 33566
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40011823

2. Principal Place of Business - No P.O. Box # 1905 Country Club Ct.	3. Mailing Address 1905 Country Club Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plant City, FL	City & State Plant City, FL
Zip 33566	Zip 33566
Country	Country USA



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 56-0953853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAPP, EDGAR W 1605 W THONOTOSASSA RD PLANT CITY, FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1905 Country Club Ct. City Plant City FL Zip Code 33566
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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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SAPP, EDGAR W 1605 W. THONOTOSASSA RD. PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1905 Country Club Ct. Plant City, FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Edgar W Sapp</i>	2/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date