2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 602501

1. Entity Name

JOHN E. SULLIVAN, M.D., P.A.

Principal Place of Business	Mailing Address
1880 ARLINGTON STREET SUITE 203 SARASOTA FL 34239-3505	1880 ARLINGTON STREET SUITE 203 SARASOTA FL 34239-3505

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1304420 — Applied For / Not Applied

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SULLIVAN,JOHN E 1880 ARLINGTON SARASOTA FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 acc the obligations of registered agent.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN,JOHN E 1880 ARLINGTON STREET SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 100000047288B 03/30/06-80012-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SULLIVAN, LAWRENCE 613-2 FAIRINGTON OVAL AURORA OH 44202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dire 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John E Sullivan 3-16-06
JOHN E. SULLIVAN, M.D. 941-365-29
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #