

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602621**

1. Entity Name

**JAMES B. CRAVEN, M.D. PROFESSION ASSOCIATION**



Principal Place of Business

**1351 SOUTH BLVD.  
CHIPLEY FL 32428  
US**

Mailing Address

**POST OFFICE BOX 800  
CHIPLEY FL 32428  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1311169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**CRAVEN, JAMES B  
1351 SOUTH BOULEVARD  
CHIPLEY FL 32428**

7. Name and Address of New Registered Agent

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 accept 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, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **CRAVEN, JAMES B**  
STREET ADDRESS **1351 SOUTH BLVD**  
CITY- ST- ZIP **CHIPLEY FL 32428**

TITLE **D** ☐ Delete  
NAME **CRAVEN, JAMES B**  
STREET ADDRESS **1351 SOUTH BLVD**  
CITY- ST- ZIP **CHIPLEY FL 32428**

TITLE **D** ☐ Delete  
NAME **CRAVEN, JAMES B.**  
STREET ADDRESS **1351 SOUTH BLVD**  
CITY- ST- ZIP **CHIPLEY FL 32428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U000000638980**  
CITY- ST- ZIP **02/28/07-80006-025 150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 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.

(850)638-1230

SIGNATURE:

**James B. Craven, M.D./President 02-12-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #