


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90061 029 ***150.00

DOCUMENT # 602621 1. Entity Name JAMES B. CRAVEN, M.D. PROFESSION ASSOCIATION	
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Principal Place of Business 1351 SOUTH BLVD. 912 Highway 277 CHIPLEY, FL 32428 US	Mailing Address POST OFFICE BOX 800 CHIPLEY, FL 32428 US
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07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1311169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAVEN, JAMES B. 1351 SOUTH BOULEVARD 912 Highway 277 CHIPLEY, FL 32428

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRAVEN, JAMES B 1351 SOUTH BLVD 912 Highway 277 CHIPLEY, FL 32428
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IN THIS SPACE**

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: James B. Craven, M.D. **James B. Craven, M.D./President** 07/10/08 (850) 638-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone