2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603792

Entity Name: JACK T. WEAVER, D.P.M., D.O., M.D., P.A.

FILED Jan 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

400 W MORSE BLVD.3120 CORRINE DRIVESUITE 101ORLANDO, FL 32803

WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

400 W MORSE BLVD 3120 CORRINE DRIVE SUITE 101 ORLANDO, FL 32803 WINTER PARK, FL 32789

FEI Number: 59-1409563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEAVER, HOWARD D
400 W MORSE BLVD
3120 CORRINE DRIVE
SUITE 101
ORLANDO, FL 32803 US
WINTER PARK, FL 32789 US

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: 01/14/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 WEAVER, HOWARD D
 Name:
 WEAVER, HOWARD D

 Address:
 400 W MORSE BLVD STE 101
 Address:
 3120 CORRINE DRIVE

Address: 400 W MORSE BLVD STE 101 Address: 3120 CORRINE DRIVE City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32803

Title: ST () Delete Title: ST (X) Change () Addition Name: WEAVER, MARY R Name: WEAVER, MARY R

Address: 400 W MORSE BLVD STE 101 Address: 3120 CORRINE DRIVE City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 ALBERS, DEBRA S
 Name:
 ALBERS, DEBRA S

 Address:
 400 W MORSE BLVD STE 101
 Address:
 3120 CORRINE DRIVE

 City-St-Zip:
 WINTER PARK, FL 32789
 City-St-Zip:
 ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD D WEAVER PD 01/14/2007