

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 604389

1. Entity Name
LARMOYEUX CLINIC, P.A.



Principal Place of Business
**124 EAST ASHLEY ST.
JACKSONVILLE, FL 32202**

Mailing Address
**124 EAST ASHLEY ST.
JACKSONVILLE, FL 32202**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1468574

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARMOYEUX, LOUIS J JR.
124 EAST ASHLEY ST.
JACKSONVILLE, FL 32202**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARMOYEUX, LOUIS J JR
STREET ADDRESS	124 E. ASHLEY ST.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	TRAINER, III, JOHN E
STREET ADDRESS	124 E. ASHLEY ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	VP
NAME	TRAINER, ELIZABETH F
STREET ADDRESS	124 EAST ASHLEY STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/16/06-80046-018 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21 Apr 12006 964
353 5696**

Date

Daytime Phone #