
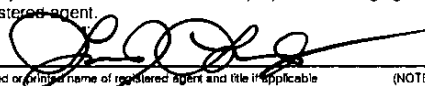
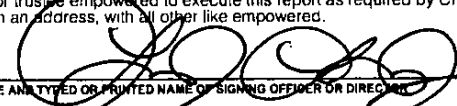


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 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
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		<div>03062007 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number 59-1468574</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>Applied For Not Applicable</div>
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:  9 March 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		DO NOT WRITE IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARMOYEUX, LOUIS J JR 124 E. ASHLEY ST. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAINER, ELIZABETH F 124 EAST ASHLEY STREET JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  9 March 2007 9043535696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div>U000000663147 03/21/07-80042-007 150.00</div> DO NOT WRITE IN THIS SPACE