2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 604797

1. Entity Name
THE DOCTORS' OFFICE, P.A.

Principal Place of Business	Mailing Address
4295 3RD AVE MARIANNA, FL 32446 US	3081 COLLEGE ST MARIANNA, FL 32446

07102306 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1492023
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNNER, WILLIAM F.
3081 COLLEGE ST
MARIANNA, FL 32446

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable)

FILE NOW!!! FEE IS $550.00 Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRUNNER, WILLIAM F.
STREET ADDRESS	3081 COLLEGE ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	S
NAME	BRUNNER, DIANE
STREET ADDRESS	3081 COLLEGE ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	VP
NAME	BRUNNER, RICHARD G MD
STREET ADDRESS	3081 COLLEGE ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/13/06-80010-004 550.00

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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: William F Brunner William F BRUNNER 7-10-06 8504824687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #