
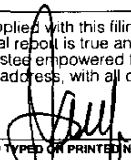


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90032 005 ***150.00

DOCUMENT # 607187 1. Entity Name JACK FAUP, M.D., P.A.					
Principal Place of Business 1603 S. HIWASSEE STE 120 ORLANDO, FL 32835 US			Mailing Address 1603 S. HIWASSEE STE 120 ORLANDO, FL 32835 US		
2. Principal Place of Business 1601 PARK CENTER DR Suite, Apt. #, etc. SUITE 9 City & State ORLANDO, FL Zip 32835			3. Mailing Address 1601 PARK CENTER DR Suite, Apt. #, etc. SUITE 9 City & State ORLANDO, FL Zip 32835		
Country US			Country US		
4. FEI Number 59-1863850			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 FAUP, JACK 1603 S. HIWASSEE, SUITE 120 ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name FAUP, JACK Street Address (P.O. Box Number is Not Acceptable) 1601 PARK CENTER DRIVE Suite SUITE 9 City ORLANDO		
State FL			Zip Code 32835		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME FAUP, JACK STREET ADDRESS 1603 S. HIWASSEE, SUITE 120 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE PST NAME FAUP, JACK STREET ADDRESS 1601 PARK CENTER DR SUITE 9 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FAUP, JACK STREET ADDRESS 1603 S. HIWASSEE, SUITE 120 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE D NAME FAUP, JACK STREET ADDRESS 1601 PARK CENTER DR SUITE 9 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			JACK FAUP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/25/05 Daytime Phone #		

50064121



08102005 Chg-P CR2E034 (10/03)