FILED
May 01, 2008 8:00 am
Secretary of State

03-28-2008 90027 049 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 607187

1. Entity Name
JACK FAUP, M.D., P.A.

Principal Place of Business	Mailing Address
1601 PARK CENTER DR SUITE 9 ORLANDO, FL 32835 US	1601 PARK CENTER DR SUITE 9 ORLANDO, FL 32835 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1515 Park Center Dr	1515 Park Center Dr
Suite, Apt. #, etc.: Suite 2I	Suite, Apt. #, etc.: Suite 2I
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32835-5794 / Country: USA	Zip: 32835-5794 / Country: USA

01252008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-1863850 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAUP, JACK 1601 PARK CENTER DRIVE SUITE 9 ORLANDO, FL 32835	Name: Street Address (P.O. Box Number is Not Acceptable): 1515 Park Center Dr Suite 2I City: Orlando 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: _____ 3-13-08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	FAUP, JACK	NAME	
STREET ADDRESS	1601 PARK CENTER DR, SUITE 9	STREET ADDRESS	1515 Park Center Dr, Suite 2I
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	Orlando, FL 32835
TITLE	D [ ] Delete	TITLE	[X] Change [ ] Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #