

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 607187

FILED  
Apr 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1515 PARK CENTER DRIVE  
STE. 2I  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 PARK CENTER DRIVE  
STE. 2I  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 59-1863850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAUP, JACK G DR  
1515 PARK CENTER DRIVE  
STE. 2I  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: FAUP, JACK G DR  
Address: 1515 PARK CENTER DR. STE. 2I  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: FAUP, JACK G DR  
Address: 1515 PARK CENTER DR, STE, 2I  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACK G. FAUP

PRES

04/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date