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Jul 28, 2008 8:00 am
Secretary of State
07-09-2008 90020 045 ***150.00
07-28-2008 90032 036 ***400.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 627732

1. Entity Name
ELI PORTH, D.O., P.A.

Principal Place of Business	Mailing Address
1120 STATE RD. 436 STE 1200 CASSELBERRY, FL 32707	1120 STATE RD. 436 STE 1200 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1918218
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTH, ELI, D.O.
1120 STATE RD 436
CASSELBERRY, FL 32707

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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 reinstating)

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

TITLE	PVT
NAME	PORTH, ELI, D.O.
STREET ADDRESS	1120 STATE RD. 436 STE 1200
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	SD
NAME	PORTH, INA
STREET ADDRESS	1120 STATE ROAD 436, STE 1200
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____ 407 678-5008 7-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #