

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 637892

1. Entity Name
W.P. BOORAS, M.D., P.A.



Principal Place of Business
1922 UNIVERSITY BLVD., S.
JACKSONVILLE, FL 32216

Mailing Address
1922 UNIVERSITY BLVD., S.
JACKSONVILLE, FL 32216



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1937691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOORAS, W.P., M.D.
1922 UNIVERSITY BLVD., S.
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BOORAS, W.P., M.D.
STREET ADDRESS	1922 UNIVERSITY BLVD., S.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	BOORAS, CHARLES H M.D.
STREET ADDRESS	1922 UNIVERSITY BLVD S
CITY - ST - ZIP	JACKSONVILLE, FL 32216
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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03/04/05-80039-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Booras, M.D. (904) 721-7844

X 3/1/2005

Date

Daytime Phone #