

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90101 044 \*\*\*150.00

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 ☒ Delete  
NAME BOORAS, W.P., M.D.  
STREET ADDRESS 1922 UNIVERSITY BLVD.,S.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE PD ☐ Delete  
NAME BOORAS, CHARLES H M.D.  
STREET ADDRESS 1922 UNIVERSITY BLVD S  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

Charles H. Booras, M.D.

(904) 721-7844

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #