

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 638639

1. Entity Name
JOE BUTLER, JR., M.D., P.A.



Principal Place of Business

**2525 HARBOR BLVD
SUITE 309
PORT CHARLOTTE, FL 33952 US**

Mailing Address

**2525 HARBOR BLVD
SUITE 309
PORT CHARLOTTE, FL 33952 US**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1937538	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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C. Name and Address of Current Registered Agent

**BOONE, E.G.
1001 AVENDIA DEL CIRCO
VENICE, FL 33595**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000630035
02/19/07-80025-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUTLER, JOE, JR
STREET ADDRESS	2525 HARBOR BLVD SUITE 309
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Joe Butler Jr MD 2-6-07 941-629-7597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #