

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 681599

1. Entity Name
MARTIN W. CUNNINGHAM, M.D., P.A.



Principal Place of Business

**1111 N.E. 25TH AVE, SUITE 302
OCALA, FL 34470 US**

Mailing Address

**1111 N.E. 25TH AVE, SUITE 302
OCALA, FL 34470 US**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2016515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUNNINGHAM, MARTIN W. M.D.
1111 NE 25TH AVE STE 302
OCALA, FL 32670**

**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

000000583221

01/11/07-80062-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CUNNINGHAM, PAMELA
STREET ADDRESS	5030 SE 14TH PLACE
CITY- ST- ZIP	OCALA, FL 34471
TITLE	PD
NAME	CUNNINGHAM, MARTIN W
STREET ADDRESS	5030 SE 14TH PLACE
CITY- ST- ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/09 352-622-2221
Date Daytime Phone #