2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # F27961

1. Entity Name
ERIC D. WESTON, M.D., P.A.

Principal Place of Business	Mailing Address
1106 DRUID ROAD SOUTH SITE 201 CLEARWATER, FL 33756	1106 DRUID ROAD SOUTH SUITE 201 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2074691
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WESTON, ERIC D MD
1106 DRUID ROAD SOUTH
SUITE 201
CLEARWATER, FL 33756

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 _____ 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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PRES
NAME	WESTON, ERIC D MD
STREET ADDRESS	1106 DRUID ROAD SOUTH #201
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VP
NAME	AVILES, LOUISE MD
STREET ADDRESS	1106 DRUID ROAD SOUTH #201
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	ST
NAME	STECKLER, ERIC A MD
STREET ADDRESS	1106 DRUIS ROAD SOUTH #201
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	BERNER, JODY S MD
STREET ADDRESS	1106 DRUID ROAD SOUTH #201
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	PRES

03072007 No Chg-P CR2E034 (11/05)

U00000693603
04/16/07-80045-024 150.00

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: Eric D. Weston MD 3/27/07 (727)298-0802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #