2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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1. Entity Name

THEO L. MEYER, III, PEDIATRICS CHARTERED



Principal Place of Business

Mailing Address

1666 MOUND ST SARASOTA, FL 34236

1666 MOUND ST SARASOTA, FL 34236

US



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-2096025

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, TED L MD 1666 MOUND ST SUITE F SARASOTA, FL 34236

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	named entity submits this statement for the purpose of changi ions of registered agent.	ng its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
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

10. OFFICERS AND DIRECTORS TITLE **PTVS** MEYER, THEO L. NAME STREET ADDRESS 1666 MOUND ST CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 a stlachment with an address, with all other like empowered.

SIGNATURE:

J-DHMMey-

Ted L. Meyer,

MD 1119/57

365-589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

, Date

Daytime Phone #