

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57551

FILED
Mar 17, 2007
Secretary of State

Entity Name: KAGAN, JUGAN & ASSOCIATES, P.A.

Current Principal Place of Business:

2745 SWAMP CABBAGE CT
P.O. BOX 7198
FORT MYERS, FL 33901

New Principal Place of Business:

2745 SWAMP CABBAGE CT 305
FORT MYERS, FL 33901

Current Mailing Address:

2745 SWAMP CABBAGE CT
P.O. BOX 7198
FORT MYERS, FL 33901

New Mailing Address:

2745 SWAMP CABBAGE CT 305
FORT MYERS, FL 33901

FEI Number: 59-2207264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAGAN, JOHN CURRY, M.D.
2745 SWAMP CABBAGE CT
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

KAGAN, JOHN CURRY, M.D.
2745 SWAMP CABBAGE CT 305
FT. MYERS, FL 33901 US

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.

SIGNATURE: _____

03/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KAGAN, JOHN CURRY, M, .D.
Address: 2745 SWAMP CABBAGE CT
City-St-Zip: FT MYERS, FL

Title: T () Delete
Name: KNOX, CHARLES H.,
Address: 2745 SWAMP CABBAGE CT
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: JUGAN, MICHAEL M
Address: 15810 RIVER BY ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: CURCIONE, PETER
Address: 11971 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: GALANG, KENNETH J
Address: 13998 REFLECTION LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: MONSERRATE, PEDRO
Address: 6800 STONEY RUN COURT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KAGAN, JOHN CURRY, M, .D.
Address: 2745 SWAMP CABBAGE CT 305
City-St-Zip: FT MYERS, FL

Title: T (X) Change () Addition
Name: KNOX, CHARLES H.,
Address: 2745 SWAMP CABBAGE CT 305
City-St-Zip: FT. MYERS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C KAGAN

PRES

03/17/2007

Electronic Signature of Signing Officer or Director

Date