


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90166 025 ***150.00

DOCUMENT # F72688 1. Entity Name MANUEL PORTH, M.D., P.A.	
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40000876



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2177516	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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DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

Principal Place of Business 7421 N UNIVERSITY SUITE 107 TAMARAC, FL 33321 US	Mailing Address C/O MANUEL PORTH, M.D. P.A. 7421 NORTH UNIVERSITY DRIVE SUITE 107 TAMARAC, FL 33321 US
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6. Name and Address of Current Registered Agent

**PORTH, MANUEL
1711 VESTAL DRIVE
CORAL SPRINGS, FL 33071**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTH, MANUEL P.A. 1711 VESTAL DRIVE CORAL SPRINGS, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Porth Jacqueline Secretary 1711 Vestal Drive Coral Springs Fla 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

1/5/06
Date

954 724-3400
Daytime Phone #