


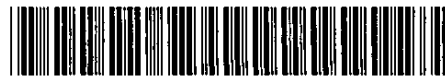
2007 FOR PROFIT CORPORATION ANNUAL REPORT (A2)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 019 ***150.00

DOCUMENT # G00371	
1. Entity Name OWEN CHADWICK, M.D., P.A.	

Principal Place of Business 16008 DOUBLE EAGLE TRAIL DELRAY BEACH FL 33446 US	Mailing Address 16008 DOUBLE EAGLE TRAIL DELRAY BEACH FL 33446 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 157 E. CHALK LINE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SANTA FE, NEW MEXICO	
Zip	Country	Zip	Country
		87508	U.S.A.

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2223585		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAGDASARIAN, RICHARD 1800 CORPORATE BLVD SUITE 302 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHADWICK, OWEN, MD 16008 DOUBLE EAGLE TRAIL DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Owen Chadwick MD OWEN CHADWICK MD FEB 5, 2007 (505) 424-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #