## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # G11889 1. Entity Name JAMES J. NELSON, M.D., P.A. Mailing Address Principal Place of Business 1204 NW 69TH TERR GAINESVILLE FL 32605 1204 NW 69TH TERR **GAINESVILLE FL 32605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2237460 Not Applicat' Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTMANN, THOMAS G Street Address (P.O. Box Number is Not Acceptable) **527 E UNIVERSITY AVE** GAINESVILLE FL 32601 City 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Adi " TITLE ☐ Delete TITLE ☐ Change U000000395351 NELSON, JAMES J MD NAME NAME STREET ADDRESS STREET ADDRESS 1204 N.W. 69TH TERRACE CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL ☐ Agrici Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP ☐ Change ☐ Adi ···· TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7IP Delete TITLE Change Areliin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**