

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G71449

1. Entity Name
JAN PAVLINEC, M.D., P.A.



Principal Place of Business
1161 S.E. 22ND AVE.
POMPANO BEACH, FL 33062

Mailing Address
1161 S.E. 22ND AVE.
POMPANO BEACH, FL 33062



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2345710

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAVLINEC, LINDA LAVIS
1161 SE 22ND AVE
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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, 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 PD
NAME PAVLINEC, JAN
STREET ADDRESS 1161 S.E. 22ND AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE D
NAME PAVLINEC, LINDA LAVIS
STREET ADDRESS 1161 S.E. 22ND AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
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U00000592680
01/22/07-80001-010 150.00

**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: *Linda Pavlinec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 (954) 785-7343
Date Daytime Phone #