

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90035 005 \*\*\*158.75

**DOCUMENT # H02683**

1. Entity Name  
**SUSAN PULS, M.D., P.A.**



Principal Place of Business  
**414 TROY LOOP  
THE VILLAGES, FL 32162 US**

Mailing Address  
**414 TROY LOOP  
THE VILLAGES, FL 32162 US**

**40019122**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-2411591**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PULS, SUSAN M.D.  
831 SW 34 AVE.  
BOYNTON BEACH, FL 33435**

(new address)

Name **Susan Puls m.d.**  
Street Address (P.O. Box Number is Not Acceptable)  
**414 Troy Loop**  
City **The Villages** FL Zip Code **32162**

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 Susan Puls m.d. **SUSAN PULS M.D.** **2/12/07**  
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  
NAME **PULS, SUSAN M.D.** ☐ Delete  
STREET ADDRESS **831 SW 34 AVE.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE  
NAME **T** ☐ Delete  
STREET ADDRESS **831 SW 34 AVE.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **Address correction** ☐ Change ☐ Addition  
STREET ADDRESS **414 Troy Loop**  
CITY-ST-ZIP **The Villages, FL 32162**

TITLE  
NAME **Address correction** ☐ Change ☐ Addition  
STREET ADDRESS **414 Troy Loop**  
CITY-ST-ZIP **The Villages, FL 32162**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: Susan Puls m.d. **SUSAN PULS M.D.** **2/12/07** **561-212 7550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #