


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H08251	
1. Entity Name JOHN R. CAPONE, M.D., P.A.	

Principal Place of Business 14440 MILITARY TRAIL MILITARY TRAIL MEDICAL ASSOCIATES DELRAY BEACH, FL 33484 US	Mailing Address JOHN R. CAPONE, M.D. 800 SEASAGE DRIVE DELRAY BEACH, FL 33483 US
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01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2418935	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 CAPONE, JOHN R MD 800 SEASAGE DRIVE DELRAY BEACH, FL 33483
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**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 *John R Capone MD* (NOTE: Registered Agent signature required when reinstating) DATE 1/7/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000777293 01/10/08-80002-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD CAPONE, JOHN R 800 SEASAGE DRIVE DELRAY BEACH, FL 33483
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**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: *John R Capone MD* DATE 1/7/08 DAYTIME PHONE # 561498-5800