

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90015 014 \*\*\*158.00

40009743



<b>DOCUMENT # H56224</b> 1. Entity Name <b>JARRETT C. BLACK, M.D. P.A.</b>					
Principal Place of Business <b>3938 NE HWY 70 BOX 94A ARCADIA, FL 34266 US</b>			Mailing Address <b>3938 NE HWY 70 BOX 94A ARCADIA, FL 34266 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2634850</b>	
Zip _____ Country _____		Zip _____ Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, FLETCHER 124 N BREVARD ARCADIA, FL 33821</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, JARRETT M.D.		NAME		
STREET ADDRESS	3938 NE HWY 70		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, JARRETT M.D.		NAME		
STREET ADDRESS	3938 NE HWY 70		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: JARRETT C. BLACK, M.D., P.A.</b> <i>Jarrett C. Black M.D. P.A.</i> 1/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT 40009743  
Division of Corporations

## 2005 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	H56224
Business Entity Name	JARRETT C. BLACK, M.D. P.A.
Original File Date	05/09/1985

FEI Number 59-2634850

Principal Address 3938 NE HWY 70  
~~BOX 94A~~  
ARCADIA, FL 34266 USMailing Address 3938 NE HWY 70  
~~BOX 94A~~  
ARCADIA, FL 34266 US8057 S.W. Nancy Drive  
Arcadia, FL 34269Registered Agent BROWN, FLETCHER  
124 N BREVARD  
ARCADIA, FL 33821 US

## Officer/Director Name And Address

PST  
BLACK, JARRETT M.D.  
3938 NE HWY-70  
ARCADIA, FLD  
BLACK, JARRETT M.D.  
3938 NE HWY 70  
ARCADIA, FL

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select: