


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90070 043 \*\*\*158.75

<b>DOCUMENT # H56224</b> 1. Entity Name <b>JARRETT C. BLACK, M.D. P.A.</b>					
Principal Place of Business <b>8057 SW NANCY DRIVE</b> <b>ARCADIA, FL 34269 US</b>			Mailing Address <b>8057 SW NANCY DRIVE</b> <b>ARCADIA, FL 34269 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2634850</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWN, FLETCHER</b> <b>124 N BREVARD</b> <b>ARCADIA, FL 33821</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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</b> <b>After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>BLACK, JARRETT M.D.</b> <b>3938 NE HWY 70</b> <b>ARCADIA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLACK, JARRETT M.D.</b> <b>3938 NE HWY 70</b> <b>ARCADIA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Jarrett Black M.D.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<b>Jarrett Black, M.D.</b>			<b>JAN 08 2006 863-494-2568</b> <small>Date Daytime Phone #</small>		

# ATTACHMENT

60003610  
# H56224

12/27/05

CORPORATE DETAIL RECORD SCREEN

2:01 PM

NUM: H56224

ST:FL ACTIVE/FL PROFIT

FLD: 05/09/1985

FEI#: 59-2634850

NAME : JARRETT C. BLACK, M.D. P.A.

PRINCIPAL: 8057 SW NANCY DRIVE

CHANGED: 05/31/05

ADDRESS : ARCADIA, FL 34269 US

RA NAME : BROWN, FLETCHER

RA ADDR : 124 N BREVARD

ARCADIA, FL 33821 US

ANN REP : (2003) A 01/30/03 (2004) N 01/28/04 (2005) A 02/01/05

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: