


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H64306 *1. Entity Name W. FORREST JUDSON, M.D., P.A.	
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Principal Place of Business 500 VONDERBERG DR STE 310 W TWR BRANDON, FL 33511 US	Mailing Address 500 VONDERBERG DR STE 310 W TWR BRANDON, FL 33511 US
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01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2557711	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JUDSON, W. FORREST M.D. 5820 AUDUBON MANOR BLVD VALRICO, FL 33594
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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 _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1000000426426
02/20/06-80043-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JUDSON, W. FORREST M.D. 5820 AUDUBON MANOR BLVD VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. FORREST JUDSON, M.D., P.A.
500 VONDERBERG DR., SUITE 310 W
BRANDON, FL 33511

1-25-6 813 681-8974
Date Daytime Phone #