

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # H68311

1. Entity Name
MEDICAL PROFESSIONAL AGENCY, INC.



Principal Place of Business

**1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501 US**

Mailing Address

**1717 NORTH E STREET
SUITE 320 ATTN J KEHOE
PENSACOLA, FL 32501 US**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2555835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PORTER, JOHN T
1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501**

**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. ☐

**\$5.00 May Be
Added to Fees**

**000000508006
04/27/06-80086-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PORTER, JOHN
STREET ADDRESS	1717 N. E ST STE 320
CITY-STATE-ZIP	PENSACOLA, FL 32501
TITLE	AS
NAME	YADEN, DEBRA A
STREET ADDRESS	1717 N. E ST STE 320
CITY-STATE-ZIP	PENSACOLA, FL 32501
TITLE	VPD
NAME	GAUBERT, SHARON
STREET ADDRESS	1717 N "E" ST., STE. 320
CITY-STATE-ZIP	PENSACOLA, FL 32501
TITLE	STD
NAME	MCGEE, ELEANOR
STREET ADDRESS	1717 N. E ST STE 320
CITY-STATE-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 *Debra A. Yaden* **Debra A. Yaden, Asst. Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

Date

850/469-2339

Daytime Phone #