

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 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**



04102007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PORTER, JOHN
STREET ADDRESS	1717 N. E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 35021
TITLE	AS
NAME	YADEN, DEBRA A
STREET ADDRESS	1717 N. E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VPD
NAME	GAUBERT, SHARON
STREET ADDRESS	1717 N "E" ST., STE. 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	STD
NAME	MCGEE, ELEANOR
STREET ADDRESS	1717 N. E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80055-018 150.00

**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 Yaden, Asst. Sec. 4/10/07 850/469-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #