

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90022 049 ***150.00

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03252008 Chg-P CR2E034 (12/06)

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2555835	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORTER, JOHN T 1717 NORTH E STREET SUITE 320 PENSACOLA, FL 32501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, JOHN		NAME		
STREET ADDRESS	1717 N. E ST STE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 35021		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YADEN, DEBRA A		NAME		
STREET ADDRESS	1717 N. E ST STE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAUBERT, SHARON		NAME	VPD Christine, June, PKwy.	
STREET ADDRESS	1717 N "E" ST., STE. 320		STREET ADDRESS	9400 University	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, ELEANOR		NAME		
STREET ADDRESS	1717 N. E ST STE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		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 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>Debra A. Yaden</i>		Debra A. Yaden, Asst. Sec.		3/25/08 850/469-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	