## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J23003

1. Entity Name
JEFEREY M. BISHOP, D.O., P.A.



FILED Apr 06, 2006 8:00 am Secretary of State 04-06-2006 90043 001 \*\*\*300.00

| Process THE BLVD. ROYAL PAIR BEACH, R. 33411  2. Principal Prace of Business Suite, Apt. R. etc. Suite, Ap  | JETTICET WI.                                   | biorior , b.o., r .A.  |  |  |   |  |                             |  |
|---|--|--|--|--|---|--|-----------------------------|--|
| 2. Principal Pluso of Business  Suite, Apr. F. dic.  City & State  Cry & State  Cry & State  Cry & State  Country  Zo  Country  | 10115 FOREST HILL BLVD.<br>#200                |  | 570 ROYAL PALM BE  | 570 ROYAL PALM BEACH BLVD.                               |   | <b>66008749</b>                          |                             |  |
| Suite. Apl. #, etc.    Suite. Apl. #, etc.   Suite. Apl. #, etc.   Suite. Apl. #, etc.   A FET Number   Applied For   Applied Fo  |  | ·  | 2 Mailing Address  |  |   |  |                             |  |
| City & State    City & State   City & State   City & State   City & State   City & State   Country   Sp. 26985265   Not Applicable   Not Applicable  | <u> </u>                                       |  |  |  |   | A NILLA ACCION O RIORE LILLA CARRAL DI I | 131 B&B11 B&B11 B/B11 B/B11 | ##]      #                                 |
| Space   Spac    | Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                      |   | Chg-P CR                                 |                             |  |
| S. Celtracelle of Saltaus Desired   Fine Required   Fine Req    | City & State                                   |  | City & State   | City & State   |   |  |                             |  |
| KLEIN, STUART B 1551 FORM PLACE SUITE 400-B WEST PALM BEACH, FL 33401  6. The above named entity submits this statement for the purpose of changing lits registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the familiar with, and accept the familiar with and accept the obligation of the control of the control of registered agent, or both, in the familiar with, and accept the familiar with accept the familiar with and accept the familiar with accept the familiar with accept the familiar with accept the familiar with accept  | 33414  | Country  | Zip  | Country  | 5. Certificate of S                                       | itatus Desired                           |                             |  |
| KLEIN, STUART B 1551 FORUM PLACE SUITE 400-B WEST PALM BEACH, FL 33401  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE MOWITI FEE IS \$150.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  NAME SIRET ADDRESS  OTH-51-2P  TILE  OBERS  TILE  OBERS | 6.   | Name and Address of Curr   | ent Registered Agent   | Name   | 7. Name and Ad  | dress of New Register                    | red Agent                   |  |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stare of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    Symbol   Sym  | 1551 FORUM I<br>SUITE 400-B                    | PLACE  |  | <u> </u>   | ress (P.O. Box Number is                                  | Not Acceptable)                          | <del></del>                 |  |
| 8. The above named only 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  | VVEST FALIVIO                                  | 12A011,1 2 30401   |  | City   |   |  | Zip Code                    | ,  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$350.00  Trust Fund Contribution.   \$5.00 May Ba Added to Fees   \$10.   | the obligations of                             |  | nt for the purpose of changing   | its registered office or re                              | egistered agent, or both, i                               | ·  |                             | and accept                                 |
| Trust Fund Contribution.   Added to Fees  | SIGNATURE                                      | are, typed or printed name of registered a   | gent and tale if applicable. (N  | OTE: Registered Agent signature                          | required when reinstating)                                | D/                                       | ATE                         | <del></del>                                |
| TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-  | After May 1                                    | , 2006 Fee will be \$5   | 50.00 Trust Fund Co  | ontribution.   | Added to Fees   | ANGES TO OFFICERS                        | AND DIRECTORS               | S IN 11                                    |
| NAME SIRET ADDRESS CITY-ST-ZP  Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP  Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET AD  | TITLE DP NAME BIS STREET ADDRESS 101           | 15 FOREST HILL BLVD #  | ± 200  | NAME<br>STREET ADORESS                                   |   |  | ☐ Change                    | Addition                                   |
| NAME STREET ADDRESS CITY-ST-ZP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE STREET ADDRESS CITY-ST-ZP  TO change Addition NAME NAME STREET ADDRESS CITY-ST-ZP  TO change Addition NAME STREET ADDRESS CITY-ST-ZP  TO chang  | NAME<br>STREET ADDRESS                         |  | ☐ Delete   | NAME<br>STREET AODRESS                                   |   |  | ☐ Change                    | Addition                                   |
| TITLE NAME SIPERT ADDRESS CITY-ST-ZIP  TITLE NAME STREET   | NAME<br>STREET ADDRESS                         |  | ☐ Delete   | NAME<br>STREET ADDRESS                                   |   |  | Change                      | Addition                                   |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS 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 poor 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:  | TITLE NAME STREET ADDRESS                      | A  | ☐ Delete   | TITLE NAME STREET ADDRESS                                |   |  | ☐ Change                    | Addition                                   |
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| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; made and that my signature shall have the same legal effect as it made under oath; made under oat  | NAME<br>STREET ADDRESS                         |  | ☐ Delete   | NAME<br>STREET ADDRESS                                   |   |  | ☐ Change                    | ☐ Addition                                 |
|   | indicated on the of the corporal changed, or o | nis report or supplemental rep<br>tion or the receiver or trustee<br>n an attachment with an actor | out is true and accurate and the empowered to execute this peness, with all other like empower | akmy signature shall ha<br>on as required by Chap<br>ed. | ve the same legal effect a<br>iter 607, Florida Statutes; | / Z-O 6                                  | ears in Block 10 o          | nformation<br>or director<br>r Block 11 if |