


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # K04860</b> 1. Entity Name JUAN B. LARROUDE, M.D., P.A.	
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Principal Place of Business 3100 U.S. 1 SOUTH ST AUGUSTINE, FL 32086 US	Mailing Address 3100 U.S. 1 SOUTH SUITE 1 ST. AUGUSTINE, FL 32086 US
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2857198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LARROUDE, JUAN B 3100 US 1 SOUTH SAINT AUGUSTINE, FL 32085
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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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LARROUDE, JUAN B. 3100 U.S. 1 SOUTH STE 1 ST. AUGUSTINE, FL 32086
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01/26/06-60036-002 150.00

**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 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

Date

Daytime Phone #

1/17/06 904-797-27