


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # K04860 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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02252007 No Chg-P CR2E034 (11/05)

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

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| 6. Name and Address of Current Registered Agent LARROUDE, JUAN B 3100 US 1 SOUTH SAINT AUGUSTINE, FL 32085 |
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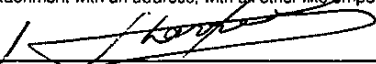
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Juan B. Larroude, M.D. <small>Date</small> | (904) 797-2778 <small>Daytime Phone #</small> |