

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 022 \*\*\*150.00

**DOCUMENT # K18608**

1. Entity Name  
**CIRCULATORY SERVICES, INC.**



Principal Place of Business  
**1601 DRILER RD.  
VA HOSPITAL  
GAINESVILLE, FL 32607**

Mailing Address  
**10904 SW 27 AVE  
GAINESVILLE, FL 32608**

40001303



01082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2904032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MANES, MICHAEL B.  
315 SE 11TH ST  
FORT LAUDERDALE, FL 33316**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restateating)

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **LEARN, RONALD JAMES JR.**  
STREET ADDRESS **10904 SW 27TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☒ Delete  
NAME **JAMES, JEFFREY A**  
STREET ADDRESS **129TH TERRACE**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **JAMES, JEFFREY A.**  
STREET ADDRESS **247 SW 129TH TERRACE**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY A JAMES**

**Jan 8, 2007**

Date

Daytime Phone #

(352) 262-4819