

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-07-2007 90047 035 ***150.00

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DOCUMENT # K56080 1. Entity Name DENNIS R. WARD, M.D., P.A.	
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Principal Place of Business 201 MAITLAND AVENUE SUITE 1017 ALTAMONTE SPRINGS, FL 32701	Mailing Address 201 MAITLAND AVENUE SUITE 1017 ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2922218	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, DENNIS R.
201 MAITLAND AVENUE
SUITE 1017
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 *Dennis R Ward* (NOTE: Registered Agent signature required when reinstating) DATE 1/29/07

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WARD, DENNIS R. 201 MAITLAND AVE. SUITE 1017 ALTAMONTE SPRINGS, FL 32701
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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.

Dennis R Ward