## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K96521

1. Entity Name
PAUL T. FULGHUM O.D., P.A.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

% PAUL T. FULGHUM O.D. 4225 LAKESIDE DR JACKSONVILLE, FL 32210 Mailing Address

% PAUL T. FULGHUM O.D. 4225 LAKESIDE DR JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2951902

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULGHUM, PAUL T., O.D. 4225 LAKESIDE DR JACKSONVILLE, FL 32210

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>					
SIGNATURE.	Signature, typed or printed name of registered egent and title	applicable (NOTE Registered	ed Agent signature rec	uned when reinstating)	DATE
FILE NOWIL! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D FULGHUM, PAUL T., O.D. 4225 LAKESIDE DRIVE JACKSONVILLE, FL 32210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000609960 02/02/07-80002-004 158.75
THE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GTY-ST-ZIP			IN THIS SPACE		
TITLE NAME SIRELI ADDRESS CITY-SI-ZIP					
TITLE NAME SIREET ADDRESS CITY-SI-TIP					

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 eath; 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.

CICHATUDE. Jarel July O.D.