
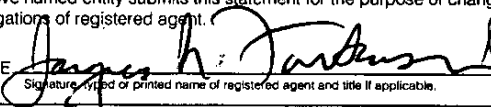
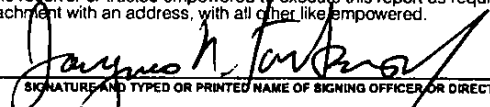



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90131 043 ***150.00

DOCUMENT # L09496 1. Entity Name JACQUES N. FARKAS, M.D., INC.																																
Principal Place of Business 5503 S CONGRESS AVE #104 ATLANTIS, FL 33462 US			Mailing Address 701 SEAVIEW DR JUNO BEACH, FL 33408 US																													
2. Principal Place of Business 701 SEAVIEW DRIVE		3. Mailing Address SAME																														
Suite, Apt. #, etc.		Suite, Apt. #, etc.																														
City & State JUNO BEACH FL		City & State		4. FEI Number 65-0138598																												
Zip 33408		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																												
6. Name and Address of Current Registered Agent FARKAS, JACQUES N 5503 S CONGRESS AVE #104 ATLANTIS, FL 33462				7. Name and Address of New Registered Agent Name JACQUES N. FARKAS Street Address (P.O. Box Number is Not Acceptable) 701 SEAVIEW DRIVE City JUNO BEACH FL Zip Code 33408																												
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  Jacques N. Farkas President 2/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FARKAS, JACQUES N.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5503 S CONGRESS AVE #104</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ATLANTIS, FL 33462</td> <td></td> </tr> <tr> <td colspan="3" style="padding-top: 5px;"> 701 SEAVIEW DR JUNO BEACH, FL 33408 </td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MD	<input type="checkbox"/> Delete	NAME	FARKAS, JACQUES N.		STREET ADDRESS	5503 S CONGRESS AVE #104		CITY - ST - ZIP	ATLANTIS, FL 33462		701 SEAVIEW DR JUNO BEACH, FL 33408			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	MD	<input type="checkbox"/> Delete																														
NAME	FARKAS, JACQUES N.																															
STREET ADDRESS	5503 S CONGRESS AVE #104																															
CITY - ST - ZIP	ATLANTIS, FL 33462																															
701 SEAVIEW DR JUNO BEACH, FL 33408																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Jacques N. Farkas President 2/15/06 561-776-7704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # D09496			
1. Entity Name JACQUES N. FARKAS, M.D., INC.			
Principal Place of Business 5503 S CONGRESS AVE #104 ATLANTIS, FL 33462 US		Mailing Address 701 SEAVIEW DR JUNO BEACH, FL 33408 US	
2. Principal Place of Business 701 SEAVIEW DRIVE		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JUNO BEACH FL		City & State	
Zip 33408	Country USA	Zip	Country
4. FEI Number 65-0138598		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARKAS, JACQUES N 5503 S CONGRESS AVE #104 ATLANTIS, FL 33462		7. Name and Address of New Registered Agent Name JACQUES N. FARKAS Street Address (P.O. Box Number is Not Acceptable) 701 SEAVIEW DRIVE City Juno Beach FL Zip Code 33408	
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 registrant, agent and date of filing. (NOTE: Registered Agent's signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FARKAS, JACQUES N. 5503 S CONGRESS AVE #104 ATLANTIS, FL 33462 701 SEAVIEW DR JUNO BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jacques N. Farkas		President 2/15/06 561-776-7704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT
20022734