


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # L59338 1. Entity Name EDWARD R. BECKER, M.D., P.A.	
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Principal Place of Business 12953 PALMS WEST DR. 201 LOXAHATCHEE, FL 33470	Mailing Address 12953 PALMS WEST DR. 201 LOXAHATCHEE, FL 33470
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01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0184831 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, EDWARD R.
12953 PALMS WEST DR.
SUITE 201
LOXAHATCHEE, FL 33470

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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

000000611593
02/02/07-80069-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECKER, EDWARD R. 12953 PALMS WEST DR., #201 LOXAHATCHEE, FL 33470
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IN THIS SPACE**

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

Date

Daytime Phone #

1-24-07

(561) 790-2111 9x10