


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000050496		
1. Entity Name EAST BAY ACCIDENT AND WELLNESS CENTER, P.A.		
Principal Place of Business 800 EAST BAY DRIVE LARGO, FL 33770	Mailing Address 800 EAST BAY DRIVE LARGO, FL 33770	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROGERS, MARC DR 800 EAST BAY DR., SUITE P LARGO, FL 33770-2554		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 _____ <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, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, MARC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		FEB 01 2007 <small>Date</small> 727-587-2774 <small>Daytime Phone #</small>



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3641271

Applied For
Not Applicable

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

000000620872
02/09/07 80055-010 150.00