


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P01000016951 1. Entity Name FRANZUEL B PAMITTAN, M.D., P.A.	
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Principal Place of Business 2525 HARBOR BLVD STE #308 PORT CHARLOTTE, FL 33952	Mailing Address P O BOX 495659 PORT CHARLOTTE, FL 33949-5659 US
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DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1085237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAMITTAN, GRACE
2525 HARBOR BLVD.
SUITE 306
PORT CHARLOTTE, FL 33952

**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] (NOTE: Registered Agent signature required when reinstating) DATE 4/24/07

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDPA PAMITTAN, FRANZUEL B 2525 HARBOR BLVD SUITE #308 PORT CHARLOTTE, FL 33952
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05/10/07-80068-010 150.00

**DO NOT WRITE
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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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [Signature] Date 4/24/07 Daytime Phone #