


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90037 032 \*\*\*150.00

<b>DOCUMENT # P01000024463</b>	
1. Entity Name <b>COMPLEMENTARY MEDICAL ASSOCIATES, P.A.</b>	

Principal Place of Business <b>118 FLAGLER PLAZA DRIVE #116 PALM COAST, FL 32137</b>	Mailing Address <b>4845 BELLE TERR HWY C-120 PALM COAST, FL 32164</b>
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2. Principal Place of Business - No P.O. Box # <b>171 East Granada Blvd.</b>	3. Mailing Address <b>171 East Granada Blvd.</b>
Suite, Apt. #, etc. <b>#190</b>	Suite, Apt. #, etc. <b>#190</b>
City & State <b>Ormond Beach, FL.</b>	City & State <b>Ormond Beach, FL.</b>
Zip <b>32176</b>	Country <b>USA</b>

90160911



07172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>ROVINS, JANCIE 118 FLAGLER PLAZA DRIVE #116 PALM COAST, FL 32137</b>	7. Name and Address of New Registered Agent Name <b>Rovins, Janice</b> Street Address (P.O. Box Number is Not Acceptable) <b>171 East Granada Blvd. #190</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32176</b>
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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 *Janice Rovins (President)* DATE **7-17-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROVINS, RANDY 118 FLAGLER PLAZA DR # 116 PALM COAST, FL 32137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Rovins, Janice 171 East Granada Blvd. #190 Ormond Beach, FL. 32176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Janice Rovins (Janice Rovins)* DATE **7-17-07** DAYTIME PHONE # **(386) 316-0080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT  
40126419

July 17, 2007

Divisions of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: Document Number P01000024463

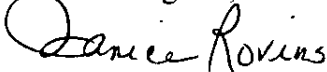
Dear Sir/Madame:

In reference to my conversation today with Markeda, please accept this letter as to the explanation of why "Annual Report Notice" for Complementary Medical Associates, P.A.- Document Number P01000024463 has not been filed as to this date.

December 25, 2006, my husband, Randy Rovins, died unexpectedly. He always took care of everything to do with Complementary Medical Associates, P.A., whereas, I truly had no knowledge to the handling and expediting of the above referenced document number. Since the time of his death, I have been dealing with hardships and not functioning very well or even at all at times due to depression, sadness and all of the emotions at this most devastating loss.

I ask in all sincerity, that the Four Hundred Dollar (\$400.00) penalty fee be waived. I would truly appreciate anything that can be done and I thank you for your attention into this matter,

Warmest regards,



Janice Rovins

Address: 171 East Granada Blvd.  
#190  
Ormond Beach, Fl. 32176

Phone Number: (386) 316-0080

Please note: I received first  
"Notice of Intent To Dissolve"  
postcard. Please disregard  
at this time. Thank you.