


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90107 013 \*\*\*158.50

<b>DOCUMENT # P01000049718</b>		
1. Entity Name <b>CHRIS B. RATHBURN, M.D., P.A.</b>		

Principal Place of Business <b>3627 UNIVERSITY BLVD. SOUTH STE 435 JACKSONVILLE, FL 32216</b>	Mailing Address <b>3627 UNIVERSITY BLVD. SOUTH STE 435 JACKSONVILLE, FL 32216</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address <i>Chris B. Rathburn, MD, PA</i> <i>P.O. Box 24784</i> <i>Jacksonville, FL</i> <i>32241</i> <i>US</i>	
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6. Name and Address of Current Registered Agent  <b>RATHBURN, CHRIS B. 3627 UNIVERSITY BLVD. SOUTH STE 435 JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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>D</b> <b>RATHBURN, CHRIS B M.D.</b> <b>3627 UNIVERSITY BLVD S STE 435</b> <b>JACKSONVILLE, FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Chris B Rathburn, MD* **Chris B Rathburn, MD** *May 1, 2006*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #