

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 001 ***158.75

DOCUMENT # P01000058349 1. Entity Name MIGUEL BATLLE, M.D., P.A.					
Principal Place of Business 421 KINGSLEY AVE #902 ORANGE PARK, FL 32073 US			Mailing Address 156 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082 US		
2. Principal Place of Business 2233 Park Ave Suite, Apt. #, etc. 405		3. Mailing Address Suite, Apt. #, etc.			
City & State Orange Park, FL		City & State		4. FEI Number 59-3733160	
Zip 32073		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATLLE, MIGUEL 156 COASTAL OAK CIR PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BATLLE, MIGUEL 156 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082 <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: Miguel Batlle <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-10-06 <small>Date</small>		
904 273 2610 <small>Daytime Phone #</small>					