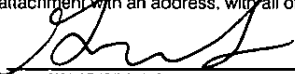


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P01000076541					
1. Entity Name GINA SEVIGNY, M.D., P.A.					
Principal Place of Business 305 CLYDE MORRIS BLVD STE 150 ORMOND BEACH, FL 32174			Mailing Address 1325 OAK FOREST DR ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3734457	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEVIGNY, GINA M MD 1325 OAK FOREST DR ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstalling) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	D SEVIGNYY, GINA MD 1325 OAK FOREST DR ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Gina M. Sevigny, MD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-8-07		
			Daytime Phone # 386-613-1771		



01092007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code

U00000653316
03/21/07-80047-023 150.00