


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90248 036 ***150.00

DOCUMENT # P02000011682	
1. Entity Name ORLON V. CARR III, M.D. P.A.	

Principal Place of Business 210 JUPITER LAKES BLVD STE 105 B-4000 JUPITER, FL 33458	Mailing Address 210 JUPITER LAKES BLVD STE 105 B-4000 JUPITER, FL 33458
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40000239



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 210 JUPITER LKS BLVD Suite, Apt. #, etc. B 5-103 City & State JUPITER, FL Zip 33458 Country Palm Bch	3. Mailing Address 210 JUPITER LKS BLVD Suite, Apt. #, etc. B 5-103 City & State JUPITER, FL Zip 33458 Country Palm Bch
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4. FEI Number 65-1154074	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARR, ORLON V 210 JUPITER LAKES BLVD STE 105 B-4000 JUPITER, FL 33458
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

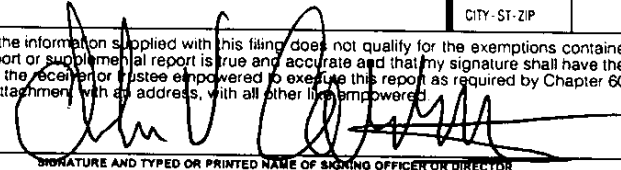
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	PD CARR, ORLON V III 210 JUPITER LAKES BLVD STE 105 B-4000 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	210 JUPITER LKS BLVD B-5-103 JUPITER, FL 33458 <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 lines empowered.

SIGNATURE:  M 1/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #