APR-21-2005 THU 08:42 AM ANCHORS FOSTER McINNIS FAX N

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May 04, 2005 8:00 am
Secretary of State
03-24-2005 90047 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000028315

1. Entity Name
JASON W. THACKERAY, M.D., P.A.

66015412

Principal Place of Business	Mailing Address
C/O WILLIAM SCOTT FOSTER 900 MAR WALT DRIVE #1014 FORT WALTON BEACH, FL 32547	C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE #1014 FORT WALTON BEACH, FL 32547
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03172005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3621726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
Name: Jason W. Thackeray, MD PA
Street Address (P.O. Box Number is Not Acceptable): 928-D Mar Walt Drive
City: Fort Walton Beach FL Zip Code: 32547

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 ______ 3/22/05
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, 2005 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THACKERAY, JASON W M.D.	NAME	
STREET ADDRESS	928-D MAR WALT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______ 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #