


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000052913</b> 1. Entity Name CHARLES C. GREENE, M.D., PH.D., P.A.	
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Principal Place of Business 6100 KENNERLY RD STE 102 JACKSONVILLE, FL 32216	Mailing Address 6100 KENNERLY RD SUITE 102 JACKSONVILLE, FL 32216
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01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0681671	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  BRADFORD, DANA G II 50 N. LAURA STREET SUITE 2200 JACKSONVILLE, FL 32202
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000622536 02/13/07-80029-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, CHARLES C MD, PHD 6100 KENNERLY RD SUITE 102 JACKSONVILLE, FL 32216
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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**  **Charles C Greene, MD, PhD** **(904) 419-2054**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #