2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099259

1. Entity Name
DR. JAMES WEBER & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
6830 NORMANDY BLVD.	2867 CIRCLE RIDGE DRIVE
JACKSONVILLE BEACH, FL 32250 US	ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE

07202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
52-2377481	Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEBER, JAMES
STREET ADDRESS	2867 CIRCLE RIDGE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	
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07/24/08-80003-001 558.75

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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: _James Weber, PhD OD_ (JAMES WEBER, PhD OD)   7/19/08   (904) 534-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #