


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90075 037 \*\*\*150.00

<b>DOCUMENT # P02000122376</b>	
1. Entity Name <b>ERIC RUNYON, D.O., P.A.</b>	

Principal Place of Business <b>12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186</b>	Mailing Address <b>12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186</b>
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2. Principal Place of Business - No P.O. Box # <b>8501 S.W. 124 Avenue</b>	3. Mailing Address <b>8501 S.W. 124 Avenue</b>
Suite, Apt. #, etc. <b>211</b>	Suite, Apt. #, etc. <b>211</b>
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33183</b>	Country <b>Dade</b>



01092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>76-0720276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>RUNYON, ERIC D.O. 12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUNYON, ERIC D.O. 12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Eric Runyon* **4-9-08. 595 6488** <sup>305</sup>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #