


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90262 001 \*\*\*150.00

<b>DOCUMENT # P03000012487</b>					
<b>1. Entity Name</b> J. RICHARD TAYLOR, M.D., P.A.					
<b>Principal Place of Business</b> 1840 CAPITAL MEDICAL CT. TALLAHASSEE, FL 32308			<b>Mailing Address</b> 1840 CAPITAL MEDICAL CT. TALLAHASSEE, FL 32308		
<b>2. Principal Place of Business</b> 1903 Welby Way <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 1903 Welby Way <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Tallahassee, FL.		<b>City &amp; State</b> Tallahassee, FL.		<b>4. FEI Number</b> 59-3765703	
<b>Zip</b> 32308		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TAYLOR, J. RICHARD 1840 CAPITAL MEDICAL CT. TALLAHASSEE, FL 32308			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>D</b> TAYLOR, J. RICHARD M.D. 1840 CAPITAL MEDICAL CT. TALLAHASSEE, FL 32308		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
(Daytime Phone #)					