## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000026510

Entity Name: JAMES S. PRINE, M.D., P.A.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
8150 ROY SUITE 10°	AL PALM BLVD				
	PRINGS, FL 33065	US			
Current Mailing Address:			New Mailing Address:		
8150 ROY SUITE 10	AL PALM BLVD				
	PRINGS, FL 33065	US			
FEI Number	: 51-0445844 FE	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
5858 N.W	AMES S M.D. . 123RD AVENUE PRINGS, FL 33076	US			
	e named entity subm e of Florida.	its this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Si	gnature of Registered Ag	ent	Date	
Election Ca	mpaign Financing Trus	et Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delet PRINE, JAMES S MD 5858 NW 123RD STF CORAL SPRINGS, FL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	DR () Delet PRINE, JAMES S 8150 ROYAL PALM E CORAL SPRINGS, FI	BLVD #101	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HYNDE PRINE OFFI 01/08/2007