

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-07-2006 90023 014 *****8.75
02-27-2006 90106 038 ***150.00

00061551



1st MOORE CR2E034 (10/05)

DOCUMENT # P03000033309					
1. Entity Name CESAR E. JORDAN, M.D., P.A.					
Principal Place of Business 3745 33RD STREET, NORTH ST. PETERSBURG FL 33713			Mailing Address 3745 33RD STREET, NORTH ST. PETERSBURG FL 33713		
2. Principal Place of Business <i>as above</i>		3. Mailing Address <i>as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>90-0209314</i> <i>45-0482673</i>	
Zip		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, CESAR 3745 33RD STREET, NORTH ST. PETERSBURG FL 33713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, CESAR 3745 33RD STREET, NORTH ST. PETERSBURG FL 33713 <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 Section 607, 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 <i>Cesar E. Jordan</i>			CESAR E. JORDAN M.D. 3745 33rd Street North St. Petersburg, FL 33713		
Date			JAN 25 2006 727-525-0006		