


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90168 045 ***150.00

DOCUMENT # P03000039858	
1. Entity Name JAMES J. GARNER, M.D., P.A.	

Principal Place of Business 572 E MCNAB ROAD STE 101 POMPAÑO BEACH, FL 33060	Mailing Address 572 E MCNAB ROAD STE 101 POMPAÑO BEACH, FL 33060
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2. Principal Place of Business 4800 NE 20 TERR	3. Mailing Address 4800 NE 20 TERR
Suite, Apt. #, etc. SUITE 207	Suite, Apt. #, etc. SUITE 207
City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33308	Zip 33308
Country USA	Country USA



01252006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1165540		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARNER, JAMES J 572 E MCNAB ROAD STE 101 POMPAÑO BEACH, FL 33060		7. Name and Address of New Registered Agent Name 4800 NE 20th TERRACE SUITE 207 FORT LAUDERDALE FL 33308

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: *James J. Garner* DATE: 4/28/2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, JAMES J 572 E MCNAB ROAD STE 101 POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4800 NE 20th TERRACE #207 FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 J. Garner* DATE: 4/28/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #