

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000057278**

1. Entity Name

JOHN R CASSIDY MD PA



Principal Place of Business

842 SUNSET LAKE BLVD.  
SUITE 302  
VENICE, FL 34292 US

Mailing Address

842 SUNSET LAKE BLVD.  
SUITE 302  
VENICE, FL 34292 US



03242007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

83-0359418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, JOHN R DR.  
842 SUNSET LAKE BLVD.  
SUITE 302  
VENICE, FL 34292

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME CASSIDY, M.D., JOHN R  
STREET ADDRESS 842 SUNSET LAKE BLVD., SUITE 302  
CITY-ST-ZIP VENICE, FL 34292

TITLE  
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CITY-ST-ZIP

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04/30/07-80022-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (941) 484-3404

Date

Daytime Phone #

*John R. Cassidy, M.D.*