

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000058947

1. Entity Name  
EARL J. CROSSWRIGHT, M.D., P.A.



Principal Place of Business  
841 W MALLORY ST  
PENSACOLA, FL 32501

Mailing Address  
841 W MALLORY ST  
PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 07, 2007 8:00 am  
Secretary of State**

05-07-2007 90067 005 \*\*\*550.00

4010763



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2368949	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSWRIGHT, EARL J MD  
841 W MALLORY ST  
PENSACOLA, FL 32501

**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

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSSWRIGHT, EARL J MD 841 W MALLORY ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

*Earl J. Crosswright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/2/07*

Date

Daytime Phone #