

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90271 006 ***150.00

DOCUMENT # P03000059021

1. Entity Name
COREY H. HENDERSON, M.D., P.A.



Principal Place of Business
**1879 NIGHTINGALE LANE
B-4
TAVARES, FL 32778**

Mailing Address
**1879 NIGHTINGALE LANE
B-4
TAVARES, FL 32778**

40002430



2. Principal Place of Business
1787 STARGAZER TERRACE

3. Mailing Address
1787 STARGAZER TERRACE

Suite, Apt. #, etc.

City & State
SANFORD FLORIDA

City & State
SANFORD FLORIDA

Zip
32771

Country
USA

Zip
32771

Country
USA

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
56-2364141

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**W&P SERVICES, INC.
1936 LEE ROAD, SUITE 101
WINTER PARK, FL 32789**

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 **Corey Henderson MD** DATE **1-11-06**

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. ☐ **\$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 HENDERSON, COREY H M.D. 1787 STARGAZER TERRACE SANFORD, FL 32771 <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 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 filers empowered.

SIGNATURE: **Corey Henderson MD** DATE **1-11-06** DAYTIME PHONE # **(407) 328-9920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR