


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 035 ***150.00

DOCUMENT # P03000086540 1. Entity Name DR. ANTHONY FALLON, P.A.					
Principal Place of Business 1040 WESTON RD., SUITE 210 WESTON, FL 33326			Mailing Address 826 NW 132 AVE SUNRISE, FL 33325		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0843007	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
-6. Name and Address of Current Registered Agent FALLON, ANTHONY P.A. 1040 WESTON RD SUITE 210 WESTON, FL 33326			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 reinstating) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FALLON, ANTHONY 1040 WESTON RD., SUITE 210 WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: <u>Dr. Anthony Fallon</u>			<u>5/4/06</u> <u>954-34</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40092116



Division of Corporations

Annual Report

Annual Report Help

Document Number

P03000086540

Business Entity Name

DR. ANTHONY FALLON, P.A.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

550843007

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

1040 WESTON RD., SUITE 210

Suite, Apt. #, etc.

City, State

WESTON

FL

Zip Code & Country

33326

Mailing Address

Address

1040 WESTON RD., SUITE 210

Suite, Apt. #, etc.

City, State

WESTON

FL

Zip Code & Country

33326

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FALLON, ANTHONY, DR.

-or- RA Business Name

SPIEGEL & UTRERA, P.A.

Address (PO Box is not acceptable)

1840 SW 22ND ST.

Suite, Apt. #, etc.

4TH FLOOR

City, State

MIAMI

FL

Zip Code & Country

33145

US

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

DR. Anthony Fallon

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PSTD		
Name (Last, First, Middle, Title)	FALLON	ANTHONY	
-or- Entity Name			
Street Address	1040 WESTON RD., SUITE 210		
City, State	WESTON	FL	
Zip Code & Country	33326		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			