

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90073 018 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

BROWARD

Zip

Country

BROWARD

1st MOORE

CR2E034 (10/06)

4. FEI Number 55-0843007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALLON, ANTHONY P.A.  
1040 WESTON RD  
SUITE 210  
WESTON FL 33326

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

DR. ANTHONY FALLON, P.A.

Dr Anthony Fallon, P.A.

03/27/07

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**

**Make Check Payable to Florida Department of State**

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 P  
NAME FALLON, ANTHONY  
STREET ADDRESS 1040 WESTON RD., SUITE 210  
CITY-STATE-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DR. ANTHONY FALLON, P.A.

Dr Anthony Fallon, P.A.

03/27/07

954-349-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #