

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 004 ***158.75

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1. Entity Name

PHLEBOLOGY ASSOCIATES P.A.



Principal Place of Business

2147 S US HWY 1
JUPITER FL 33477

Mailing Address

2147 S US HWY 1
JUPITER FL 33477

2. Principal Place of Business

3385 BURNS Road
Suite, Apt. #, etc. 208

3. Mailing Address

3385 BURNS Road
Suite, Apt. #, etc. 208

City & State

Palm Beach Gardens, FL

Zip 33410

Country USA

City & State

Palm Beach Gardens, FL

Zip 33410

Country USA

4. FEI Number

14-1899318

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

ASHTON, TOM
2147 S US HWY 1
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name ASHTON, TOM
Street Address (P.O. Box Number is Not Acceptable)
475 PUMPKIN DRIVE
City PALM BEACH GARDENS FL Zip Code 33410

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE DR
NAME ASHTON, OWEN T
STREET ADDRESS 2147 S US HWY 1
CITY-ST-ZIP JUPITER FL 33477 ☒ Delete

TITLE DR
NAME ASHTON, OWEN T
STREET ADDRESS 475 PUMPKIN DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR
NAME ASHTON, OWEN T.
STREET ADDRESS 475 PUMPKIN DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

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

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

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

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

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

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:

O.T. ASHTON, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

Date

561-351-1460

Daytime Phone #