

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90048 048 ***158.75

DOCUMENT # P03000112586					
1. Entity Name VISITING PHYSICIANS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 2423 ROGERO ROAD JACKSONVILLE, FL 32211			Mailing Address 2423 ROGERO ROAD JACKSONVILLE, FL 32211		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address P.O. Box 11165		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			Jacksonville Florida		
Zip		Country		32239 U.S.	
6. Name and Address of Current Registered Agent HUSEMAN, WILLIAM R. ESQ. 6320 ST. AUGUSTINE ROAD BUILDING 12 JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3733 University Blvd West St 210-B City Jacksonville FL Zip Code 32217	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D SHOUVLIN, THOMAS P <input type="checkbox"/> Delete 2423 ROGERO ROAD JACKSONVILLE, FL 32211		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 another like empowered.					
SIGNATURE:  Thomas P. Shouvin 4/30/07 904-725-5510 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					