## **2008 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P03000116814 1. Entity Name FRANCE BOURGET, M.D., P.A. Principal Place of Business Mailing Address 2800 EAST COMMERCIAL BOULEVARD 2800 EAST COMMERCIAL BOULEVARD **SUITE 102 SUITE 102** FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 No Chg-P CR2E034 (11/05) 04042008 DO NOT WRITE IN THIS SPACE 4. FEI Number 52-2405369

## **FILED** Apr 25, 2008 08:00 AN Secretary of State

Applied For

Not Applicable

				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent				
BOURGET, FRANCE M 2800 EAST COMMERCIAL BOULEVARD SUITE 102 FORT LAUDERDALE, FL 33308			DO NOT WRITE IN THIS SPACE			
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)				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		5.00 May Se dded to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGET, FRANCE M.D. 2800 E. COMMERCIAL BLVD #102 FORT LAUDERDALE, FL 33308				000000922 05/15/08-800	2553 050-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						:
TITLE NAME STREET ADDRESS CITY+ST-ZIP					NOT WRI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 endoweded 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.						

SIGNING OFFICER OR DIRECTOR

SIGNATURE: \

SIGNATURE AND TYPED