

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90090 018 ***150.00

DOCUMENT # P04000039960 1. Entity Name FLORIDA PHYSICIAN ASSISTANCE INC					
Principal Place of Business 519 STEEPLECHASE LN MELBOURNE, FL 32940-8142 US			Mailing Address 519 STEEPLECHASE LN MELBOURNE, FL 32940-8142 US		
2. Principal Place of Business - No P.O. Box # 510 BELLA CAPRI DR		3. Mailing Address Suite, Apt. #, etc.			
City & State MERRITT ISLAND, FL		City & State Suite, Apt. #, etc.		01292007 Chg-P CR2E034 (12/06)	
Zip 32952		Country US		4. FEI Number 20-0814447	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANIELS, DANIEL 519 STEEPLECHASE LN MELBOURNE, FL 32940-8142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 510 BELLA CAPRI DR City MERRITT ISLAND FL Zip Code 32952		
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: DANIEL DANIELS JAN 29 2007 <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	DP DANIELS, DANIEL 519 STEEPLECHASE LN MELBOURNE, FL 329408142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	510 BELLA CAPRI DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:		DANIEL DANIELS		321-302-8039 JAN 29 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	