

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000044386

1. Entity Name
COQUELET & PUNGER FAMILY MEDICINE, P.A.



Principal Place of Business

4640 S 25 ST
FT PIERCE, FL 34981

Mailing Address

4640 S 25 ST
FT PIERCE, FL 34981

DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0856727

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COQUELET, JUAN
104 NW BERKELEY AVE
PORT SAINT LUCIE, FL 34986

**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 signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000673563
03/29/07-80033-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME COQUELET, JUAN G D.O.
STREET ADDRESS 104 NW BERKELEY AVENUE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE D
NAME PUNGER, DENISE L M.D.
STREET ADDRESS 104 NW BERKELEY AVENUE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juan Coquelet 3/18/07 772-466-8888