

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 31, 2006 08:00 A
Secretary of State**

DOCUMENT # P04000071567

1. Entity Name
JULIA A. O'BRIEN, D.O., P.A.



Principal Place of Business:
**7617 MOUNT CARMEL DR
ORLANDO, FL 32835**

Mailing Address
**7617 MOUNT CARMEL DR
ORLANDO, FL 32835**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1078235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**O'BRIEN, JULIA A DO
1512 S ORANGE AVE
ORLANDO, FL 32835**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1000000408112
02/08/06 88047-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIEN, JULIA A DO
STREET ADDRESS	7617 MOUNT CARMEL DR
CITY-ST-ZIP	ORLANDO, FL 32835

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
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

1/26/06 407-2976884
Date Daytime Phone #