

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90041 023 \*\*\*150.00

**DOCUMENT # P04000087049**

1. Entity Name  
THOMAS A. BECKETT, M.D., P.A.



Principal Place of Business  
11181 HEALTHPARK BLVD STE 1165  
NAPLES, FL 34110

Mailing Address  
11181 HEALTHPARK BLVD STE 1165  
NAPLES, FL 34110

20006204



2. Principal Place of Business - No P.O. Box #  
11181 HealthPark Blvd

3. Mailing Address  
11181 HealthPark Blvd

Suite, Apt. #, etc.  
Ste 1000

Suite, Apt. #, etc.  
Ste 1000

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34110

Country

Zip  
34110

Country

01122007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1200330

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BECKETT, THOMAS A  
11181 HEALTHPARK BLVD STE 1165  
NAPLES, FL 34110

## 7. Name and Address of New Registered Agent

Name: Beckett, Thomas A  
Street Address (P.O. Box Number is Not Acceptable)  
11181 HealthPark Blvd  
Ste 1000  
City: NAPLES FL Zip Code: 34110

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

3-9-07

**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

## 10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: BECKETT, THOMAS A  
STREET ADDRESS: 11181 HEALTHPARK BLVD STE 1165  
CITY-ST-ZIP: NAPLES, FL 34110 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: Beckett, Thomas A  
STREET ADDRESS: 11181 Health Park Blvd, Ste 1000  
CITY-ST-ZIP: Naples, FL 34110

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-07 239 566 3000