

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90120 025 ***150.00

DOCUMENT # P04000088318

1. Entity Name
PIA MYERS, M.D., P.A.



Principal Place of Business
50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202

Mailing Address
50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202

2. Principal Place of Business
208 N. Laura St
Suite, Apt. #, etc. 800

3. Mailing Address
208 N. Laura St
Suite, Apt. #, etc. 800

City & State
Jacksonville FL
Zip 32202 Country Duval

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01302006 Chg-P CR2E034 (11/05)

4. FEI Number
74-3123829
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
50 NORTH LAURA STREET
SUITE 2900
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
208 N. Laura St # 800
City Jacksonville FL Zip Code 32202

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 *G. Alan Howard* G. Alan Howard, President 1-31-06
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, 2006 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 MYERS, PIA DR. ☐ Delete
STREET ADDRESS C/O MILAM HOWARD NICANDRI DEES & GILLAM PA
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 208 N Laura St # 800
CITY-ST-ZIP Jacksonville FL 32202 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

904.616.1381
Daytime Phone #