2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098282

Entity Name: JAMES J. BOOKER, IV, M.D., P.A.

FILED Mar 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

400 AVE K SE 400 AVE K SE SUITE 1A SUITE 2

WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

400 AVE K SE 400 AVE K SE SUITE 1A SUITE 2

WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880

FEI Number: 90-0185680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOOKER, JAMES J IV
400 AVE K SE
SUITE 1A

BOOKER, JAMES J IV
400 AVE K SE
SUITE 2

WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 US

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.

SIGNATURE: 03/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: **PVST** (X) Change () Addition BOOKER, JAMES J IV Name: Name: BOOKER, JAMES J IV 400 AVE K SE, SUITE 2 400 AVE K SE, SUITE 1A Address: Address: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip:

Title: DR () Delete Title: DR (X) Change () Addition

 Name:
 BOOKER, JAMES J IV
 Name:
 BOOKER, JAMES J IV

 Address:
 400 AVE K SE, SUITE 1A
 Address:
 400 AVE K SE, SUITE 2

 City-St-Zip:
 WINTER HAVEN, FL 33880
 City-St-Zip:
 WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J BOOKER, IV DR. 03/25/2006