


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State


DOCUMENT # P04000153906

1. Entity Name
JOSEPH L RICHTER, M.D., P.A.



Principal Place of Business 2007 W REYNOLDS STREET SUITE A PLANT CITY, FL 33563 US	Mailing Address 2007 W REYNOLDS STREET SUITE A PLANT CITY, FL 33563 US
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1875909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHTER, JOSEPH L
 2007 W REYNOLDS STREET
 SUITE A
 PLANT CITY, FL 33563**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000892229
 04/23/08-80058-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME RICHTER, JOSEPH L
STREET ADDRESS 2007 W REYNOLDS STREET	CITY - ST - ZIP PLANT CITY, FL 33563
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
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TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP

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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: Joseph L. Richter **4-8-08** 813 754 4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #