

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90104 035 ***150.00

DOCUMENT # P05000003029 1. Entity Name SUSAN BINOY, M.D., P.A.			
Principal Place of Business MEDICAL CARE CENTER 2650 S MCCALL ROAD ENGLEWOOD, FL 34224		Mailing Address MEDICAL CARE CENTER 2650 S MCCALL ROAD ENGLEWOOD, FL 34224	
2. Principal Place of Business - No P.O. Box # 2650 SOUTH MCCALL RD		3. Mailing Address 2650 SOUTH MCCALL RD	
Suite, Apt. #, etc. SUITE C		Suite, Apt. #, etc. SUITE C	
City & State ENGLEWOOD FL		City & State ENGLEWOOD, FL	
Zip 34224		Zip 34224	
Country USA		Country USA	
4. FEI Number 20-2063894		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 BINOY, SUSAN MEDICAL CARE CENTER 2650 S MCCALL ROAD ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Susan A. Binoy</i></u> 03/07/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BINOY, SUSAN 2650 S MCCALL ROAD ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Susan A. Binoy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/07/07 (941) 473-4505 <small>Date Daytime Phone #</small>	