2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P05000008473

Entity Name: AARON J. WEST, M.D., P.A.

Current Principal Place of Business:

10180 VINYARD LAKE ROAD EAST
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10180 VINYARD LAKE ROAD EAST
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESIDENTIAL SERVICESS INC
1217 CAPE CORAL PARKWAY # 300
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

WEST, AARON J D
10180 VINEYARD LAKE ROAD EAST
JACKSONVILLE, FL 32256 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: AARON J. WEST, MD 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEST, AARON J
Address: 10180 VINEYARD LAKE ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: WEST, COLLEEN M
Address: 10180 VINEYARD LAKE ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AARON J. WEST, M.D. D 04/26/2007
Electronic Signature of Signing Officer or Director Date