

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90216 007 ***150.00

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1. Entity Name

LARRY GARVIN OUTPATIENT PROGRAMS, INC.



Principal Place of Business

13701 BRUCE B. DOWNS BLVD.
SUITE 110
TAMPA FL 33613

Mailing Address

13701 BRUCE B. DOWNS BLVD.
SUITE 110
TAMPA FL 33613



2. Principal Place of Business

13743 98 By-Pass

Suite, Apt. #, etc.

3. Mailing Address

13743 98 By-Pass

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

55-0824606

Applied For

Not Applicable

Zip

33525

Country

Pasco

Zip

33525

Country

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARVIN, LARRY R
13701 BRUCE B. DOWNS BLVD.
SUITE 110
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

Larry Garvin

Street Address (P.O. Box Number is Not Acceptable)

13743 98 By Pass

City

Dade City

FL

Zip Code

33525

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

Larry Garvin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME GARVIN, LARRY R
STREET ADDRESS 13701 BRUCE B. DOWNS BLVD. #110
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Larry Garvin
CITY-ST-ZIP 13743 98 By Pass
Dade City, FL 33525

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Larry Garvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06 352-567-9900

DATE

DAYTIME PHONE #