

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026996

**FILED**  
**Feb 16, 2007**  
**Secretary of State**

**Entity Name:** JASON B. WIDRICH, M.D., P.A.

**Current Principal Place of Business:**

10961 BURNT MILL RD.  
APT 1626  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

1750 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

10961 BURNT MILL RD.  
APT 1626  
JACKSONVILLE, FL 32256

**New Mailing Address:**

1750 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225

**FEI Number:** 20-2377107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIDRICH, JASON B M.D.  
10075 GATE PKWY - APT 806  
JACKSONVILLE, FL 32246 US

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

WIDRICH, JASON B M.D.  
1750 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225 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:**

02/16/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** WIDRICH, JASON B M.D.  
**Address:** 10961 BURNT MILL RD. APT 1626  
**City-St-Zip:** JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR (X) Change ( ) Addition  
**Name:** WIDRICH, JASON B M.D.  
**Address:** 1750 HARRINGTON PARK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32225

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:** JASON BRIAN WIDRICH

DR.

02/16/2007

Electronic Signature of Signing Officer or Director

Date