

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90083 031 ***150.00

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1. Entity Name
ASHTON C. BRINSON, M.D., P.A.



Principal Place of Business
C/O WEBSTER CHAIRES & PARTNERS PL
1936 LEE ROAD SUITE 101
WINTER PARK, FL 32789

Mailing Address
C/O WEBSTER CHAIRES & PARTNERS PL
1936 LEE ROAD SUITE 101
WINTER PARK, FL 32789

50002244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

75-3184571

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W&P SERVICES, INC.
1936 LEE ROAD SUITE 101
WINTER PARK, FL 32789

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
BRINSON, ASHTON C MD
STREET ADDRESS
1936 LEE ROAD SUITE 101
CITY-ST-ZIP
WINTER PARK, FL 32789 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/06

ATTACHMENT



WEBSTER, CHAIRES
& PARTNERS, P.L.

ATTORNEYS AND BUSINESS CONSULTANTS
FLORIDA CIVIL LAW NOTARIES

TRADITIONAL LEGAL SERVICES
COMMON SENSE APPROACH

50002244
#POS000028770

Dawn Bachan-Muckunlall
Paralegal

E-mail: dmuckunlall@wplawyers.com

March 8, 2006

Via Certified Mail - RRR
Uniform Business Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: ASHTON C. BRINSON, M.D., P.A. / 2006 Uniform Business Report

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced corporation. Also enclosed is check #1073 in the amount of \$150.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall
Paralegal

Enclosures