

2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$ 150.00

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 009 ***150.00

40052310



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2819341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FOGARTY, TOM W.M.D.
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1200 WEST
CITY-ST-ZIP ADDISON, TX 75001

TITLE P ☐ Delete
NAME FOGARTY, TOM W.M.D.
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1200 WEST
CITY-ST-ZIP ADDISON, TX 75001

TITLE VP ☐ Delete
NAME LOJKO, ALBERT T.M.D.
STREET ADDRESS 4455 MEDICAL CENTER WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE S ☐ Delete
NAME THOMPSON, ELEANOR
STREET ADDRESS 5080 SPECTRUM DR 1200 W TOWER
CITY-ST-ZIP ADDISON, TX 75001

TITLE VPTA ☐ Delete
NAME CHEDEREL, GARY
STREET ADDRESS 77 S BEDFORD ST 200
CITY-ST-ZIP BURLINGTON, MA 01803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

3-28-07

Date

781 2905350

Daytime Phone #

GARY CHEDEREL - VP - Corp Tax