

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90034 050 \*\*\*150.00

DOCUMENT # P05000101111

1. Entity Name

FREDERICK CORPUZ, M.D., P.A.



Principal Place of Business  
9084 EAGLES RIDGE DR.  
TALLAHASSEE FL 32312

Mailing Address  
9084 EAGLES RIDGE DR.  
TALLAHASSEE FL 32312



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 81-0676764

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPUZ, FREDERICK  
9084 EAGLES RIDGE DR.  
TALLAHASSEE FL 32312

Name

Blue & Byers, PLLC

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

115 West Bay Street

City

Perry

FL

Zip Code  
32347

8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William W. Blue, P.A. as Blue & Byers, PLLC*  
William W. Blue

3-14-07

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
CORPUZ, FREDERICK  
9084 EAGLES RIDGE DR.  
TALLAHASSEE FL 32312 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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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 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:

*William W. Blue*  
William W. Blue

3-14-07

850-584-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #