

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 020 ***158.75

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| DOCUMENT # P05000119784 | |  | |
| 1. Entity Name JOHN V. TRAN, D.P.M., M.P.H., P.A. | | | |
| Principal Place of Business 107 E ROBERTSON ST BRANDON, FL 33511 | | Mailing Address 107 E ROBERTSON ST BRANDON, FL 33511 | |
| 2. Principal Place of Business - No P.O. Box # 505 EICHENFELD DR. | | 3. Mailing Address 505 EICHENFELD DR. | |
| Suite, Apt. #, etc. SUITE 108 | | Suite, Apt. #, etc. SUITE 108 | |
| City & State BRANDON, FL | | City & State BRANDON, FL | |
| Zip 33511 | Country USA | Zip 33511 | Country USA |
| 6. Name and Address of Current Registered Agent TRAN, JOHN V 107 E ROBERTSON ST BRANDON, FL 33511 | | 7. Name and Address of New Registered Agent Name: TRAN, JOHN V Street Address (P.O. Box Number is Not Acceptable): 505 EICHENFELD DR. SUITE 108 City: BRANDON FL Zip Code: 33511 | |
| 8. The above named entity admits 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:  JOHN V. TRAN, DR. DATE: 2-12-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DR TRAN, JOHN V 107 E ROBERTSON ST BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR TRAN, JOHN V. 505 EICHENFELD DR. BRANDON, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  JOHN V. TRAN, PRES. | | DATE: 2-12-2008 DAYTIME PHONE #: 813-685-6922 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |