2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000090042

DOUGLAS B. COLMAN, D.O., P.A.



FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90051 004 ***150.00

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Principal Place of Business Mailing Addres			•			_					
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Principal Place of Business - No P.O. Box #											
5022 NW 104th Avenue 5022 NW 104th Ave				ue		1 (884) 111	N MMISS BIFT BRITT	18111 88411 88	.118 18311 9311		ocean in Fact
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	03312007	Chg-P		CR2E03	4 (12/06)	
City & State City & State						4. FEI Numb	NOT				oplied For
Coral Springs FL Coral Spr			gs FL				170856			_ 	ot Applicable
Zip	Country	Zip	Country	·		5 Certificate	e of Status Des	zirod	<u> </u>	8.75 Add	ditional
33076								ee Require	ed		
	6. Name and Address of Current		Name		7. Name an	d Address of	New Regi	stered A	gent		
HENRY, ROBERT A.											
8411 W. OAKLAND PARK BLVD., STE. 201					ess (P	.O. Box Numb	er is Not Acce	eptable)			
SUNRISE, FL 33351					-						
			<u> </u>	City						T 750 Co.	
				City					FL	Zip Cod	
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.											
ric confidencies on reflectan agenti"											
SIGNATURE_	Signature, typed or printed name of registered agent	vhen reinstating)			DATE						
- , -	Organization, types or printed harre billegistered agent	and the mappingable. (NOTE, F	negisiereu A	gent signature re	equired v	wen renstating)	T				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
After Ma	ay 1, 2007 Fee will be \$550.	DO Trust Fund Contrib	oution.		Adde	d to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES T	O OFFICE	RS AND	DIRECTOR	S IN 11
TITLE	D Delete TITL									X Change	Addition
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP			STREET A		-		4th Aver				
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TITLE		☐ Delete	TITLE							☐ Change	☐ Addition
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP			STREET A	ADDRESS							
	entify that the information according with	this filing does not smallh. 4	<u> </u>		aicod	in Chaster 44	0 Florido Ot-1	uton 14-	than and	u that the	nformatio-
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 suppliemental 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 of 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 attachprent with an address, with all other like empowered.											
SIGNATURE: Jose la Calcula 3/3//67 974 348-0595											
SIGNAL		PRINTED NAME OF SIGNING OFFICER OR	R DIRECTOR	1		0/3	Date		Day	rime Phone #	
	v										