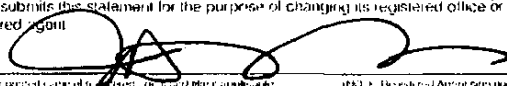
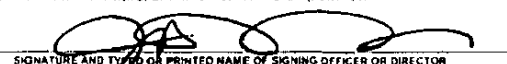


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-03-2007 90041 009 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000102901			
1. Entity Name JOHN M BODEN MD, PA			
Principal Place of Business 320 VININGS WAY BLVD. APT. 10-101 DESTIN, FL 32541		Mailing Address 320 VININGS WAY BLVD. APT. 10-101 DESTIN, FL 32541	
2. Principal Place of Business No P.O. Box #		3. Mailing Address	
State, Apt #, etc		State, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 20-5045467		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD. SUITE 400 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: Joyce A. Tucker CPA Street Address (P.O. Box Number is Not Acceptable): 1034 Airport Rd #118 City: Destin FL 32541	
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: 		5-1-07	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P BODEN, JOHN M 320 VININGS WAY BLVD., APT. 10-101 DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME 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: 		5-1-07 850-654-9235	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	