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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

66017781

Principal Place of Business	Mailing Address
320 VININGS WAY BLVD. APT. 10-101 DESTIN, FL 32541	320 VININGS WAY BLVD. APT. 10-101 DESTIN, FL 32541

04192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-5345467 ☐ 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 Zip Code 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 [signature] 5-1-07
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		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
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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: [signature] 5-1-07 850-654-9235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #