


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90009 032 \*\*\*158.75

<b>DOCUMENT # P06000143044</b>	
1. Entity Name <b>PAUL F. WUBBENA, JR., M.D., P.A.</b>	

Principal Place of Business <b>3636 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216</b>	Mailing Address <b>3636 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216</b>
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2. Principal Place of Business - No P.O. Box # <b>5913 Normandy Blvd</b>	3. Mailing Address <b>5913 Normandy Blvd</b>
Suite, Apt. #, etc. <b># 1+2</b>	Suite, Apt. #, etc. <b># 1+2</b>

1st MOORE CR2E034 (10/06)

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32205</b>	Country <b>USA</b>

4. FEI Number <b>203848075</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE., SUITE 115 JACKSONVILLE FL 32204</b>	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 _____	(NOTE: Registered Agent signature required when reinstating.)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WUBBENA, PAUL F JR. 3636 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P Wubben, Paul F Jr 5913 Normandy Blvd # 1+2 Jacksonville, FL 32205 <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 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:  <b>Paul F Wubben, Jr M.D.</b>	Date: <b>2/5/07</b>	Phone: <b>(904) 378-2850</b>
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