

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042261

FILED  
May 01, 2008  
Secretary of State

Entity Name: TODD RAPPAPORT, M.D., P.A.

## Current Principal Place of Business:

10475 CENTURION PARKWAY NORTH, SUITE 101  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

1031 1ST STREET SOUTH  
902  
JACKSONVILLE, FL 32250

## Current Mailing Address:

10475 CENTURION PARKWAY NORTH, SUITE 101  
JACKSONVILLE, FL 32256

## New Mailing Address:

1031 1ST STREET SOUTH  
902  
JACKSONVILLE, FL 32250

FEI Number: 20-8800162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAPPAPORT, TODD M.D.  
10475 CENTURION PARKWAY NORTH, SUITE 101  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

RAPPAPORT, TODD M.D.  
1031 1ST STREET SOUTH  
902  
JACKSONVILLE, FL 32250 US

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.

SIGNATURE: TODD RAPPAPORT

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAPPAPORT, TODD M.D.  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAPPAPORT, TODD M.D.  
Address: 1031 1ST STREET SOUTH #902  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD RAPPAPORT

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date