2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044907

Entity Name: JOHN A. FORT, M.D., P.A.

6125 SW 31 STREET, STE 121

MIAMI, FL 33155

Address: City-St-Zip: FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
6125 SW 31 STREET SUITE 121 MIAMI, FL 33155 US			
Current Mailing Address:	New Mailing Address	New Mailing Address:	
P O BOX 143601 CORAL GABLES, FL 33114 US			
FEI Number: 65-0425232 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
KURZWEIL, HOWARD E 2600 DOUGLAS RD CORAL GABLES, FL 33134 US	101 NORTHEAST THI TOWER 101; SUITE 1	KURZWEIL, HOWARD E 101 NORTHEAST THIRD AVENUE TOWER 101; SUITE 1500 FT. LAUDERDALE, FL 33301 US	
The above named entity submits this statement for the pin the State of Florida.	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:		02/02/2009	
Electronic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: DR () Delete Name: FORT. JOHN A	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

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: JOHN A. FORT, MD PRES 02/02/2009