

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90038 019 \*\*\*150.00

<b>DOCUMENT # P93000083199</b> 1. Entity Name GEORGE P. AZAR, JR., M.D., P.A.					
Principal Place of Business 1600 SOUTH FEDERAL HIGHWAY STE 550 POMPANO BEACH, FL 33062 US				Mailing Address 1600 SOUTH FEDERAL HIGHWAY STE 550 POMPANO BEACH, FL 33062 US	
2. Principal Place of Business - No P.O. Box # c/o St. John's Outpatient Clinic		3. Mailing Address c/o St. John's Outpatient Clinic			
Suite, Apt. #, etc. 3075 NW 35th Avenue		Suite, Apt. #, etc. 3075 NW 35th Avenue		02252007    Chg-P    CR2E034 (12/06)	
City & State Lauderdale Lakes, FL		City & State Lauderdale Lakes, FL		4. FEI Number 65-0455252	
Zip 33311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  AZAR, GEORGE P JR 1600 SOUTH FEDERAL HIGHWAY SUITE 550 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) c/o St. John's Outpatient Clinic 3075 NW 35th Avenue City Lauderdale Lakes <b>FL</b> Zip Code 33311	
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 re-issuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AZAR, GEORGE P JR 1600 S.E. 2ND ST. POMPANO BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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:		George P. Azar, Jr. President		954-739-6233 Daytime Phone # x 2235	