



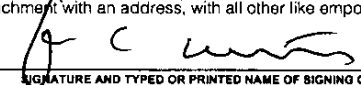
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 004 ***150.00

DOCUMENT # P94000001400 1. Entity Name JOHN C. WHELTON, M.D., P.A.																													
Principal Place of Business 2617 N. FLAGLER DRIVE SUITE 201 WEST PALM BEACH, FL 33407-5543 US			Mailing Address 2617 N FLAGLER DR STE 201 W PALM BCH, FL 33407 US																										
2. Principal Place of Business - No P.O. Box # 1411 N. Flagler Drive Suite, Apt. #, etc. Suite 3100		3. Mailing Address 1411 N. Flagler Drive Suite, Apt. #, etc. Suite 3100		50000073 																									
City & State West Palm Beach, FL Zip 33401 Country USA		City & State West Palm Beach, FL Zip 33401 Country USA		4. FEI Number 65-0456373 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MCCABE, JOHN P 265 SUNRISE AVENUE SUITE 204 PALM BEACH, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D WHELTON, JOHN C</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2617 N. FLAGLER DRIVE, STE 201</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WEST PALM BEACH, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D WHELTON, JOHN C	<input type="checkbox"/> Delete	NAME	2617 N. FLAGLER DRIVE, STE 201		STREET ADDRESS	WEST PALM BEACH, FL		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1411 N. Flagler Drive, Suite 3100</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>West Palm Beach, FL 33401</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1411 N. Flagler Drive, Suite 3100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	West Palm Beach, FL 33401		STREET ADDRESS			CITY-ST-ZIP		
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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:  **John C. Whelton** 2/18/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR