

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000102537

1. Entity Name
CATHERINE A. CLAYTON, M.D., P.A.



Principal Place of Business
110 SOUTHERN OAK DRIVE
PLANT CITY, FL 33563

Mailing Address
110 SOUTHERN OAK DRIVE
PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE

**FILED
Mar 28, 2006 8:00 am
Secretary of State**

03-28-2006 90132 040 ***150.00

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02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3418238	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLAYTON, CATHERINE A MD 110 SOUTHERN OAK DRIVE PLANT CITY, FL 33563
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, CATHERINE A MD 110 SOUTHERN OAK DRIVE PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Catherine A. Clayton* 3-2-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

50006385

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

CATHERINE A. CLAYTON, M.D., P.A.
110 SOUTHERN OAK DRIVE
PLANT CITY, FL 33563

Subject: **CATHERINE A. CLAYTON, M.D., P.A.**

Reference Number:

P96000102537

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION