


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 010 ***150.00

DOCUMENT # P97000011610					
1. Entity Name K.J. CHASON, D.O., PA					
Principal Place of Business 225 FOREST PARK CIR PANAMA CITY, FL 32405 US			Mailing Address 114 WEST FIFTH AVE. TALLAHASSEE, FL 32303 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3444327	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASON, K J D.O. 114 W. FIFTH AVENUE TALLAHASSEE, FL 32303			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 \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete CHASON, K J 114 W. FIFTH AVENUE TALLAHASSEE, FL 32303		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6/10/08 (850) 872-2122		

ATTACHMENT

40108341

P97000011610

Karen J. Chason, D.O., Ph.D.

225 Forest Park Circle

Panama City, FL 32405

Phone: (850) 872-2122 * Fax: (850) 872-1022

Board Certified in General Psychiatry

Board Certified in Child and Adolescent Psychiatry

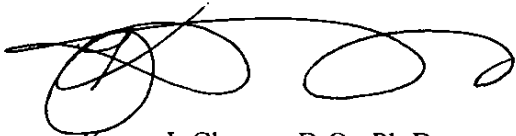
April 28, 2008

Florida Division of Corporations

Dear Sir or Madam:

Enclosed are my corporate taxes. Please accept my apology for being late due to the fact that I did not receive a notice that they were due.

Thank you,

A handwritten signature in black ink, consisting of a large, stylized 'K' followed by a series of loops and a long horizontal stroke.

Karen J. Chason, D.O., Ph.D.