


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90078 038 ***150.00

DOCUMENT # P97000014200					
1. Entity Name CHARLES L. VOGEL, M.D., P.A.					
Principal Place of Business 350 NW 84TH AVENUE SUITE 300 PLATATION, FL 33324			Mailing Address 350 NW 84TH AVENUE SUITE 300 PLATATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 2000 S. Ocean Blvd.		3. Mailing Address 2000 S. Ocean Blvd.			
Suite, Apt. #, etc. Apt. 4B		Suite, Apt. #, etc. Apt. 4B			
City & State BOCA RATON, FL		City & State BOCA RATON FL			
Zip 33432		Country USA		Zip 33432	
Country USA		Country USA			
6. Name and Address of Current Registered Agent VOGEL, CHARLES L MD 350 NW 84 AVE., STE 300 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2000 S Ocean Blvd apt. 4B City BOCA RATON FL Zip Code 33432		
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOGEL, CHARLES L 350 NW 84TH AVENUE SUITE 300 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2000 S Ocean Blvd Apt. 4B BOCA RATON, FL 33432	
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: <i>Charles L. Vogel</i>			11/10/07 9546585682		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		