2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059916

1. Entity Name JOHN S. AIME, M.D., P.A.



FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

212 N. ALEXANDER ST.

PLANT CITY, FL. 33563

Mailing Address

212 N. ALEXANDER ST. PLANT CITY, FL 33563



DO NOT WRITE IN THIS SPACE

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4.	FEI Number				Applied For
	59-3459693				Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

AIME, JOHN S 212 N. ALEXANDER ST. PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

PLANT CI	11,FL 33300			IN 7	THIS SPACE
	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable , , , (NOTE: Registere	ed Agent signature	required when reinstating)	DATE .
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1	I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN S AIME 212 N. ALEXANDER ST. PLANT CITY, FL 33563				U00000832130 02/27/08~80047~017 150.00
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TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

2/13/08

81375 a 9556