


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000001700 1. Entity Name JEANETTE M. BILLET, M.D., P.A.		
Principal Place of Business PO BOX 2916 BOONE, NC 28607	Mailing Address PO BOX 2916 BOONE, NC 28607	
DO NOT WRITE IN THIS SPACE		



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804064	<input type="checkbox"/> 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 QUICKER, MICHAEL J ESQ. 7061 S. TAMiami TRAIL 108 SARASOTA, FL 34231
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IN THIS SPACE**

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 Michael J Quicker, Esq 1-February-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLET, JEANETTE M MD 289 PREAKNESS DR BOONE, NC 28607
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02/16/06-80010-004 150.00

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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: Jeanette Billett MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06
Date

Daytime Phone #