

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90094 001 ***100.00
07-13-2007 90094 002 ****50.00

DOCUMENT # P98000047648

1. Entity Name
JAMES F. FARRELL, JR., M.D., P.A.



Principal Place of Business
**4820 NEW BROAD STREET
ORLANDO, FL 32814**

Mailing Address
**4820 NEW BROAD STREET
ORLANDO, FL 32814**

66020310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-5525460

331165251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHUFFIELD, W. CHARLES
315 E. ROBINSON ST., STE. 600
ORLANDO, FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FARRELL, JAMES F JR.**
STREET ADDRESS **4820 NEW BROAD STREET**
CITY-ST-ZIP **ORLANDO, FL 32814**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **220 N. WESTMONTE DRIVE**
CITY-ST-ZIP **ALTAMONTE Springs, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

6/30/07

Daytime Phone #

407-422-5574

ATTACHMENT 66020310

FLORIDA DEPARTMENT OF STATE
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Document Number P98000047648

Business Entity Name JAMES F. FARRELL, JR., M.D., P.A.

- ☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 593525460

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No**Principal Place of Business**Address 4820 New broad street

Suite, Apt. #, etc.

City, State ORLANDO, FLZip Code & Country 32814

220 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL
Ste D
32714

Mailing AddressAddress 4820 NEW BROAD STREET

Suite, Apt. #, etc.

City, State ORLANDO, FLZip Code & Country 32814

220 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL
Ste D
32714

Name And Address of Registered Agent

Name (Last, First, Middle, Title) SHUFFIELD, W. CHARLES

- OR -

Business to serve as RA

Address 315 E. ROBINSON ST., STE. 600

Suite, Apt. #, etc.

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DR JAMES FARRELL M.D.

220 Westmonte Drive Suite D

Altamonte Springs, FL 32714

407-774-8001 ph

407-389-0825 fax

5/1/07

Please note a new address
effective immediately

Stan

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City, State

ORLANDO

, FL

Zip Code & Country

32801

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

D

Name (Last, First, Middle, Title)

FARRELL

, JAMES

, F

, JR.

- OR -

Entity Name to serve as Officer/Director

Street Address

4820 NEW BROAD STREET

City, State

ORLANDO

, FL

Zip Code & Country

32814

220 N. WESTMONTA DRIVE

ALTAMONTE SPRINGS, FL

56 D

32714

Name And Address #2

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

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Zip Code & Country

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with

President
Hawkins

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66020310

#P98000047648

the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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