## 2007 FOR PROFIT CGRPORATION ANNUAL REPORT

## FILED Feb 22, 2007 08:00 A Secretary of State

ANNUAL REPORT				ren 22, 2007 00.0			
DOCU 1. Entity Nam	MENT # P980000538			,	Secretary	01 5	
	HARDIN MEYER, M.D., P.A.						
Principal Plac	ce of Business	Mailing Address		1			
	W 27 SOUTH	2401 US HWY 27 SOUTH					
Sebring, Fl	_ 338/0	SEBRING, FL 33870					
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	TR. T. B.				*	_ \$8.75 Ada	
		Carlotte Carlotte Carlotte		5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current Re	gistered Agent		**.} £	A Comment		<b>4</b> · ·
MEYER, JO ANN HARDIN M.D.			75.0	· DO	NOT W	RITE	
2451 US HWY 27 SOUTH SEBRING, FL 33870						<b>y</b>	e par in
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	e named entity submits this statement for the	ne purpose of changing its registe	red office or register	red agent, or bo	oth, in the State of Fl	orida. I am familiar with,	and accept
the obliga	tions of registered abent	n // I			21	11/27	
SIGNATURE.	Signature, typed or project name of registered agent and	htle if Applicable. (NOTE: Register	ed Agent signature required	t when reinstating)		DATE	
		\(\frac{1}{2}\)					<del></del>
	.E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS	. , ,				
TITLE NAME	D MEYER, JO ANN HARDIN M.D.		3 12, 1	San Mark Street Street	or appropriate	er, ar far es	Maria .
STREET ADDRESS	1				ing growing g	1 1 1 1	
CITY-ST-ZIP	SEBRING, FL 33870		-			3643920 	na lama da
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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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

2/16/27

Daytime Phone #