


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000076611</b> 1. Entity Name ALLAIN A. GIROUARD, M.D., P.A.	
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Principal Place of Business ONE ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086	Mailing Address ONE ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086
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01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3530666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE SUITE 200  
JACKSONVILLE, FL 32204

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GIROUARD, ALLAIN A ONE ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086
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000000413277  
02/10/06-80085-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

1-2506 904-797-7463