


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000092935	
1. Entity Name MEDICAL ASSOCIATES OF WEST FLORIDA NETWORK, INC.	

Principal Place of Business 7509 STATE ROAD 52 SUITE 210 BAYONET, FL 34667	Mailing Address 7509 STATE ROAD 52 SUITE 210 BAYONET, FL 34667
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02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540086	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 GASSMAN, ALAN S 1245 COURT STREET CLEARWATER, FL 33756
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000658354 03/15/07-80035-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, WAYNE 7509 STATE ROAD 52, STE 210 BAYONET POINT, FL 34667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>WAYNE R. TAYLOR, M.D.</u> PRESIDENT	3-5-07 727-861-9800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>