



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90115 023 ***150.00

DOCUMENT # P98000102432 1. Entity Name D. H. PRITCHARD, M.D., P.A.					
Principal Place of Business 9030 W FORT ISLAND TRL 3 CRYSTAL RIVER, FL 34429 US			Mailing Address 9030 W FORT ISLAND TRL 3 CRYSTAL RIVER, FL 34429 US		
2. Principal Place of Business - No P.O. Box # 1218 SE 5TH AVE		3. Mailing Address PO Box 1440			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01132007 Chg-P CR2E034 (12/06)	
City & State CRYSTAL RIVER FL		City & State CRYSTAL RIVER 34423 1440		4. FEI Number 59-3547469	
Zip 34429		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34423-1440		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRITCHARD, DONALD H 9030 W FORT ISLAND TRAIL #3 CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name PRITCHARD, DONALD H. Street Address (P.O. Box Number is Not Acceptable) 1218 SE 5TH AVE City CRYSTAL RIVER FL Zip Code 34429		
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: <i>D.H. Pritchard</i> 13 JAN 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, DONALD H 9030 W FORT ISLAND TRAIL #3 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, DONALD H. 1218 SE 5TH AVE CRYSTAL RIVER FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE 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: <i>D.H. Pritchard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			13 JAN 2007 795-6643 <small>Date Daytime Phone #</small>		