

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 049 ***150.00

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1. Entity Name

CALVIN BLOUNT, JR., M.D., P.A.



Principal Place of Business

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE SUITE 1014
FORT WALTON BEACH, FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE SUITE 1014
FORT WALTON BEACH, FL 32547

40045726



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3553504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547

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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

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLOUNT, CALVIN L JR
STREET ADDRESS 347 AVALON BLVD
CITY-ST-ZIP DESTIN, FL 32550

TITLE V
NAME BLOUNT, DEBRA
STREET ADDRESS 347 AVALON BLVD
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE S
NAME WILLS, JANELLE S
STREET ADDRESS 30 IVORY COURT
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/08 856/837-4844