2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000010591

WYNDAL K. BLANKENSHIP, M.D., P.A.



Principal Place of Business

Mailing Address

120 JOHN SIMS PKWY

STE A

120 JOHN SIMS PKWY

STF A

DO NOT WRITE IN THIS SPACE

VALPARAISO, FL 32580

VALPARAISO, FL 32580

01152007

No Chg-P

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CR2E034 (11/05)

FILED Feb 14, 2007 8:00 am

Secretary of State

02-14-2007 90042 004 ***150.00

4. FEI Number 59-3567435

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, WYNDAL K 120 JOHN SIMS PKWY STE A VALPARAISO, FL 32580

DO NOT WRITE IN THIS SPACE

VALPARAISO, FL 32300			III IIII GIAGE		
8. The above the obligat	named entity submits this statement for the patient of registered agent.	purpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. {NOTE; Registered	Agent signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	****
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENSHIP, WYNDAL K 120 JOHN SIMS PKWY STE A VALPARAISO, FL 32580				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 attackfined with an address, with all other like empowered.

SIGNATURE: