
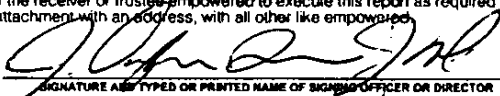


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90064 021 ***150.00

DOCUMENT # P99000011091				
1. Entity Name J. DOUGLAS GREEN, JR., M.D., P.A.				
Principal Place of Business 836 PRUDENTIAL DR SUITE 1405 JACKSONVILLE, FL 32207		Mailing Address 836 PRUDENTIAL DR SUITE 1405 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 10475 Centurion Pkwy N Suite, Apt. #, etc. Suite 303 City & State Jacksonville, FL		3. Mailing Address 10475 Centurion Pkwy N Suite, Apt. #, etc. Suite 303 City & State Jacksonville, FL		
Zip 32256	Country USA	Zip 32256	Country USA	4. FEI Number 59-3554523
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent PROM, STEPHEN G 3100 BARNETT CENTER, 50 N. LAURA ST. JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 it is not the agent's own) <small>Signature, typed or printed name of registered agent and title if applicable</small> _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 GREEN, J. DOUGLAS JR., MD 9155 BEAUCLERC CIR., W. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowers.				
SIGNATURE: 		Date	5/2/07	Daytime Phone # 904-399-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. Douglas Green, Jr. M.D.				