


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90020 015 \*\*\*150.00

<b>DOCUMENT # P99000026083</b>	
1. Entity Name BEACHES HEALTHCARE, P.A.	

Principal Place of Business 357 11TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	Mailing Address 357 11TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3570453	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent DRAYTON, ALICE R.M.D. 357 11TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250
---

7. Name and Address of New Registered Agent	
Name Reed, Alice J MD	
Street Address (P.O. Box Number is Not Acceptable) 357 11th Ave S.	
City Jacksonville Bch	FL Zip Code 32250

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>Alice J. Reed MD</i>	DATE 3/12/07
--------------------------------------	-----------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> DVPT DRAYTON, ALICE R.M.D. 357 11TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 </div> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> DP DIEZ-HOECK, GRACIELA 357 11TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> DS DEPADUA, VIRGILIO 357 11TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> DVPT Reed, Alice J. MD 357 11th Ave S. Jacksonville Bch, FL 32250 </div> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>     </div> <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 empowered.

SIGNATURE: <i>Alice J. Reed MD</i>	DATE 3/12/07	DAYTIME PHONE # 904 2490556
---------------------------------------	-----------------	--------------------------------