## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # P99000029731 1. Entity Name JEFFREY A. MAHON, M.D., P.A. Principal Place of Business Maling Address 7280 W PALMETTO PK RD 7280 W PALMETTO PK RD STE 104 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0911656 Not Applicable Zio $Z_{PD}$ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SICILIANO, THOMAS V Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY., STE. 440 **BOCA RATON FL 33432** City Zin 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 Cignotize, typod or chined learne of registered agent and the 1 at phasele PLOTE: Registered Agent - on starn required when reinmating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution ...... Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000885278 □ Change ☐ Derete TITLE TITLE NAME MAHON, JEFFREY A NAME 04/18/08-80007-015 150.00 STREET ADDRESS 7280 W PALMETTO PK RD #104 STREET ADDRESS CITY- ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ De-ete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CHY-ST-3P HILLE Derete IIII E ☐ Change ■ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Derete Change NAM: STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Addition TITLE De ele TIFLE Change NAME NAME STREET ADDRESS SZERCON PEDRIS CITY-ST-ZIP CHY+ST-ZIP ☐ Addition TITLE ☐ De:ele TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

DITY OF ZIP

DITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08 (56) 391-6552