

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 024 ***150.00

DOCUMENT # P99000043426

1. Entity Name
JASON B.C. BINNING, O.D., P.A.



Principal Place of Business
**6626 HYPOLUXO ROAD
SUITE A-4
LAKE WORTH, FL 33467**

Mailing Address
**8245 NW 8TH PLACE
PLANTATION, FL 33324 US**

400541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6256 Coghill Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007

Chg-P

CR2E034 (12/06)

City & State

City & State

Lake Worth FL

4. FEI Number

65-0920303

Applied For

Not Applicable

Zip

Country

Zip

Country

33463 Palm Beach

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDER, STEVEN PA
315 SE 7TH STREET
1ST FLOOR
FORT LAUDERDALE, FL 33301**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DR** ☐ Delete
NAME **BINNING, JASON B.C.**
STREET ADDRESS **8245 NW 8TH PL**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DR** ☒ Change ☐ Addition
NAME **JASON B.C. BINNING**
STREET ADDRESS **6256 Coghill Court**
CITY-ST-ZIP **Lake Worth FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754422 2306 col/
4-18-07 561966 3608 nk