2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000046146 1. Entity Name

CARY L. DUNN, M.D., P.A.



FILED Mar 19, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

2032 HAWTHORNE STREET SARASOTA, FL 34239

2032 HAWTHORNE STREET SARASOTA, FL 34239



03022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0921407

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, CARY L MD 2032 HAWTHORNE STREET SARASOTA, FL 34239

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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. Tam 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 re-instating) DATE						DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECT	TORS		TO SEE THE	الله المراجع ا المراجع المراجع المراج	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, CARY L M.D. 2032 HAWTHORNE STREET SARASOTA, FL 34239					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/28/00 03/28/00	00672240 7-80061-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				militario (1867) Granda (1867)		a topo (pri Santo) est. A Santo (pri Santo)
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 leguired 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.						

RINTED NAME OF SIGNING OFFICER OR DIRECTOR