

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068661

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** JOHN PATRICK GRIFFIN, M.D., P.A.

**Current Principal Place of Business:**

5034 THYMELEAF COURT  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

5034 THYMELEAF COURT  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 59-3593444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIFFIN, JOHN PATRICK  
5034 THYMELEAF COURT  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD ( ) Delete  
**Name:** GRIFFIN, JOHN PATRICK  
**Address:** 5034 THYMELEAF COURT  
**City-St-Zip:** MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN PATRICK GRIFFIN

PSD

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date