

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077128

FILED
Mar 08, 2007
Secretary of State

Entity Name: BONE & SEVALD, M.D., P.A.

Current Principal Place of Business:

550 S QUADRILLE BLVD
#201
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

550 S QUADRILLE BLVD
#201
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0943793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONE, MELANIE K MD
3114 EMBASSY DR
WEST PALM BEACH, FL 33401 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: D () Delete
Name: BONE, MELANIE M.D.
Address: 550 S QUADRILLE BLVD #201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BONE, MELANIE M.D.
Address: 3114 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Change (X) Addition
Name: SEVALD, LORI
Address: 2176 REGENTS BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

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: SABREY BONE

OM

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date