2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000090398

1. Entity Name
INGRID L. ISDITH D.O. P.A.

Principal Place of Business	Mailing Address
6790 FINAMORE CIRCLE	6790 FINAMORE CIRCLE
LAKE WORTH, FL 33467	LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0953666	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISDITH, INGRID L
6790 FINAMORE CIRCLE
LAKE WORTH, FL 33467

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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	P
NAME	ISDITH, INGRID L
STREET ADDRESS	6790 FINAMORE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	VP
NAME	MARTEN, ALFRED D
STREET ADDRESS	6790 FINAMORE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Alfred C. Merter _____ 1/4/06   561 601 0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #