2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000097780

1. Entity Name RICHARD MAYRON, M.D., P.A.



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

210 JUPITER LAKES BLVD BLDG 5000 STE 201 JUPITER, FL 33458

210 JUPITER LAKES BLVD BLDG 5000 STE 201 JUPITER, FL 33458



02162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0960438

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYRON, RICHARD 210 JUPITER LAKES BLVD BLDG 5000 STE 201 JUPITER, FL 33458

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The above named entity submits this state the obligations of registered agent.	atement for the purpose of changing its re	egistered office or registered agent, or l	poth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of regi	stered agent and title if applicable {NOTE: I	Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150 After May 1, 2007 Fee will be	9. Election Campaign \$550.00 Trust Fund Contrib		
	ERS AND DIRECTORS		
NAME MAYRON, RICHARD MI STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000652140 03/12/07-80006-017 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP	,		,
TITLE . NAME . STREET ADDRESS			

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone #