

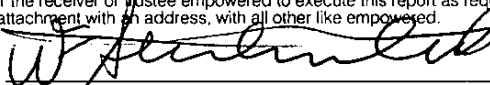


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90018 046 ***150.00

DOCUMENT # P99000107188 1. Entity Name WILLIAM J. STECHSCHULTE, D.O., P.A.					
Principal Place of Business 1119 ROYAL PALM BCH BLVD. ROYAL PALM BCH, FL 33411				Mailing Address 1119 ROYAL PALM BCH BLVD. ROYAL PALM BCH, FL 33411	
2. Principal Place of Business - No P.O. Box # 1410 Royal Palm Bch Blvd Suite, Apt. #, etc. Suite A City & State Royal Palm Beach, FL Zip 33411		3. Mailing Address 1410 Royal Palm Bch Blvd Suite, Apt. #, etc. Suite A City & State Royal Palm Beach, FL Zip 33411			
Country USA		Country USA		01052007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0970170				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JACQUELINE S ESQ. 505 S. FLAGLER DRIVE, SUITE 300 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STECHSCHULTE, WILLIAM J 1119 ROYAL PALM BCH BLVD. ROYAL PALM BCH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stechschulte, William DO 1410 Royal Palm Beach Blvd Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  William Stechschulte 01/19/07 561 790 2886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					