

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90169 005 ***150.00

DOCUMENT # S85161

1. Entity Name
JOHN WESTAFER, M.D., P.A.



Principal Place of Business
1400 COUNTRY CLUB ROAD
GULF BREEZE, FL 32561

Mailing Address
1400 COUNTRY CLUB ROAD
GULF BREEZE, FL 32561

40065572



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3089280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WESTAFER, JOHN M
1400 COUNTRY CLUB ROAD
GULF BREEZE, FL 32561

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WESTAFER, JOHN
STREET ADDRESS	1069 LAGUNA LANE
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	DS
NAME	WESTAFER, ANITA J
STREET ADDRESS	1069 LAGUNA LANE
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2006

850 932 7508

ATTACHMENT 40065572
S85161

LAW OFFICES OF
DUNLAP & MORAN, P.A.

JUDSON H. BAILEY
JOHN E. BROWN* ^
~~SCOTT H. CARTER**~~
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SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941-366-0115
FACSIMILE 941-365-4660

April 24, 2006

* FLORIDA BAR BOARD CERTIFIED-
REAL ESTATE
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** ALSO LICENSED IN TEXAS
† OF COUNSEL
ALSO LICENSED IN CONNECTICUT
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WILLS, TRUSTS & ESTATES
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COLORADO AND MICHIGAN
‡ OF COUNSEL
* ALSO LICENSED IN PENNSYLVANIA
†† ALSO LICENSED IN MICHIGAN

5596-4

Division of Corporations
Post Office Box 6478
Tallahassee, FL 32314

Re: **JOHN WESTAFER, M.D., P.A.**

Dear Sir/Madam:

Enclosed herewith for filing is the 2006 For Profit Corporation Annual Report, in connection with the above-referenced corporation.

Also, **enclosed** please find a check in the amount of \$150.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.


Ryan A. Featherstone, Esq.

RAF:5596-4/Ltr - Div of Corp - An Rpt filing
Enclosures