


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 A.M.
Secretary of State

DOCUMENT # 604932					
1. Entity Name MALLIS, PAUTLER, COHEN AND BILLIRIS, M.D.'S, P.A.					
Principal Place of Business 4600 HABANA SUITE 3 TAMPA, FL 33614			Mailing Address 4600 HABANA SUITE 3 TAMPA, FL 33614		
2. Principal Place of Business 4344 Central Ave		3. Mailing Address 4344 Central Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St Petersburg FL		City & State St Petersburg FL		4. FEI Number 59-1501675	
Zip 33711		Country USA		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 MALLIS, MARC J MD 4600 N. HABANA AVE. STE. 3 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4344 Central Avenue City St Petersburg FL Zip Code 33711		
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 _____ DATE 3/9/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VP MALLIS, MARC J. 4600 HABANA STE 3 TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4344 Central Avenue St Petersburg FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUTLER, SCOTT 4600 N HABANA STE 3 TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4344 Central Avenue St Petersburg FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COHEN, STEVEN MYLES 4600 N HABANA STE 3 TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4344 Central Avenue St Petersburg FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BILLIRIS, KARINA K 4600 N HABANA AVE 3 TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Billiris-FINDLAY, KARINA 4344 Central Avenue St Petersburg FL 33711	
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 500068955235 03/29/06--01018--001 **200.00	
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	
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: _____ DATE 3/9/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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