FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Jan 31, 2006 08:00 AN

DOCUMENT # F08058			Secretary of State				
1. Entity Nam	ne A. ZAPATA M.D., P.A.						
	ce of Business	Mailing Address 1845 IACLIF CT., STE A	, and]	,		
1845 IACLIF CT., STE A TALLAHASSEE, FL 32308 - 4430 TALLAHASSEE, FL 32308 - 4			4430				
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DO NOT WHITE IN THIS SPA				01112006	No Chg-P	CR2E034 (11/05)	
				4. FEI Number 59-20339	933	Applied F Not Appli	icable
in the second of	The second secon			5. Certificate of	Status Desired	\$8.75 Additional Fee Required	}
	6. Name and Address of Current Re	gistered Agent					
ZAPATA, CARLOS A., M.D. 1845 JACLIF CT., STE A				1001	IOT W		
TALLAHASSEE, FL 32308			la la caractería de la		HS SP		# 1945 22 76 22 24 121
							augu seetsi
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							
SIGNATORE-	Signature typed or printed name of registered agent and	itte if applicable. (NOTE Registere	d Agent signátúre réquired	when remstating)		DATE	- 00 d
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campalgn Finar Trust Fund Contribution. 	· — 7	OO May Be ed to Fees			
10.	OFFICERS AND DIF	ECTORS	erioryeta totogija				
vale Name	ZAPATA, CARLOS A		Szárada		z postalisti Hazifak (1966)	jana nammen e sununt Manamenin jakaraka	8804.43
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indicated of the cor	certify that the information supplied with this certify that the information supplied with this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my signat red to execute this report as requi	ure shall have the s	in <u>Ch</u> apter 119, F	Torida Statutes, 1 fu	irther certify that the informati	tion