


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # G06565
 1. Entity Name
ARTHUR L. GERMAIN, M.D., P.A.



Principal Place of Business Mailing Address
% ARTHUR L. GERMAIN, MD, PA **C/O ARTHUR L. GERMAIN**
7710 NW 71 COURT, SUITE 200 **7710 NW 71 COURT, SUITE 200**
TAMARAC, FL 33321 **TAMARAC, FL 33321 US**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-2250445 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
GERMAIN, ARTHUR L.
7710 NW 71 COURT, SUITE 200
TAMARAC, FL 33321

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9. 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GERMAIN, ARTHUR L
STREET ADDRESS	7710 NW 71 COURT #200
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur L. Germain 4/4/06 914 726-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #