


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H87694**  
 1. Entity Name  
**DAVID S. BALLESTAS M.D., P.A.**



Principal Place of Business      Mailing Address  
 2525 HARBOR BLVD, STE 102      2525 HARBOR BLVD, STE 102  
 PORT CHARLOTTE, FL 33952 US      PORT CHARLOTTE, FL 33952 US

**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-F CR2E034 (11/05)

4. FEI Number **59-2627968**  Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BALLESTAS, DAVID S.**  
**2525 HARBOR BLVD, STE 102**  
**PORT CHARLOTTE, FL 33952**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fee**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BALLESTAS, DAVID S.
STREET ADDRESS	2525 HARBOR BLVD, STE 102
CITY-ST-ZIP	PORT CHARLOTTE, 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 007, 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: David S. Ballestas**      **3/8/06 (941)629-7593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #