
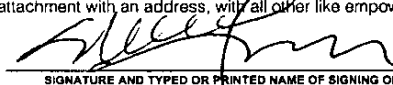


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90192 024 ***150.00

DOCUMENT # P03000144721			
1. Entity Name FLORIDA MEDICAL OBSERVATION ASSOCIATES, P.A.			
Principal Place of Business 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751		Mailing Address 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751	
2. Principal Place of Business 500 Winderley Place Suite, Apt. #, etc. Ste. 115		3. Mailing Address 500 Winderley Pl. Suite, Apt. #, etc. Ste 115	
City & State Maitland FL		City & State Maitland FL	
Zip 32751	Country USA	Zip 32751	Country USA
4. FEI Number 71-0956865		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINSTRY, EARL ESQ 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name: Earl McKinstry ESQ. Street Address (P.O. Box Number is Not Acceptable): 500 Winderley Place, Suite 115 City: Maitland FL Zip Code: 32751	
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: 04-27-2006	
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	D <input type="checkbox"/> Delete GARDNER, BRENT F M D 1051 WINDERLEY PL STE 103 500 Winderley Pl. MAITLAND, FL 32751 Ste 115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHAN, KAHANG L M D 1051 WINDERLEY PL STE 103 500 Winderley Pl. MAITLAND, FL 32751 Ste 115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRIESTAD, WAYNE M D 1051 WINDERLEY PL STE 103 500 Winderley Pl. MAITLAND, FL 32751 Ste 115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: 		WAYNE FRIESTAD, M D 5/1/06 (404) 875-0555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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