2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# P04000068190

Entity Name: MARK S. ESKENAZI M.D., P.A.

Current Principal Place of Business:

5365 WEST ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484

New Principal Place of Business:

5130 LINTON BLVD
SUITE E3
DELRAY BEACH, FL 33484

Current Mailing Address:

9538 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 75-3154881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESKENAZI, MARK S
9538 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESKENAZI, MARK S
Address: 9538 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. ESKENAZI, M.D. PRES 03/13/2006
Electronic Signature of Signing Officer or Director Date