


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90427 043 ***150.00

DOCUMENT # P04000124483

1. Entity Name
ANASTASIA JOBSON, O.D., P.A.




Principal Place of Business: 8242 N. LAKE FOREST DRIVE, DAVIE, FL 33328

Mailing Address: 8242 N. LAKE FOREST DRIVE, DAVIE, FL 33328

2. Principal Place of Business: 2901 NE 185 Street, #1601, Aventura, FL 33180, US

3. Mailing Address: 2901 NE 185 Street, #1601, Aventura, FL 33180, US

40060432



03282006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-1550585

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: JOBSON, DELORIS, 6745 DOGWOOD DRIVE, MIRAMAR, FL 33023

7. Name and Address of New Registered Agent: [Blank]

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: [Signature] DATE: 4/17/06

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST	<input type="checkbox"/> Delete	TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOBSON, ANASTASIA		NAME: 2901 NE 185 Street #1601	
STREET ADDRESS: 8242 N. LAKE FOREST DRIVE		STREET ADDRESS: Aventura, FL 33180	
CITY-ST-ZIP: DAVIE, FL 33328		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	

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: [Signature] DATE: 4/17/06 (954) 558-0770