2006 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P92000014298 1. Entity Name F. LEIGH PHILLIPS, III, M.D., P.A.								03-13-2006 90	0068 034	***150.	00
Principal Place of Business Mailing Address											
2855 UNIVERSITY DR 400				B55 UNIVERSITY DR							
CORAL SPRINGS, FL 33065				400 Coral Springs, FL 33065					TOISI MEN DIDA		1881 II IEBI
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112006	Chg-P	CR2E03	· · ·	
City & State			City & State				4. FEI Number Applied For 65-0374602 Not Applicable				
Zip	Zip Country			ľíp	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
PHILLIPS, F. LEIGH III						Street Address (P.O. Box Number is Not Acceptable)					
2855 UNIVERSITY DRIVE STE 400 CORAL SPRINGS, FL 33065					Group Address (1.0. Day Marinda is Not Acceptable)						
					City Zip Code						
 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, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11						ADDITIONS/	CHANGES TO OFFI			
title Name	D Detete ITT PHILLIPS, LEIGH F.III								1	Change	Addition
STREET ADDRESS	1				ET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH, FL 33065					-ST+ZIP					
title Name	☐ Delete IIIL					'				Change	Addition
STREET ADORESS	STR					ET ADDRESS					
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITLI NAM	l				Change	Addition
STREET ADDRESS						ET ADORESS					
CITY-ST-ZIP					CITY	-ST-ZIP		, , , , , , , , , , , , , , , , , , ,			
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STREET ADORESS						ET ADORESS					İ
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete	TITLE					Change	Addition
NAME STREET ADORESS					NAM STRE	ET ADORESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete	TITL					Change	Addition Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS					
CITY-ST-ZIP						- ST-ZIP					
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 epop 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 pther like expressions.											