. 2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 01, 2006 08:00 AN **DOCUMENT # P96000026153 Secretary of State** 1. Entity Name WILLIAM N. HANDELMAN, M.D., P.A. Mailing Address Principal Place of Business 6399 38TH AVE N 6399 38TH AVE N ST PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33710 02242006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3378219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANDELMAN, WILLIAM N DO NOT WRITE 6399 38TH AVE IV C-6 IN THIS SPACE SAINT PETERSBURG, FL 33710 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, typed or printed partie of registered agent and title if applicable (NOTE Registered Agent signature regulfed when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HANDELMAN, WILLIAM N NAME STREET ADDRESS 6399 38TH AVE N ST. PETERSBURG, FL CITY-ST-ZIF UD0000452083 //3/11/06-80012-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

12. I hereby certify that the information supplied with this filling 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 fine 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 address, with all other like empowered.

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STREET ADDRESS CITY-ST-ZIP TULE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR