

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90025 031 ***150.00

DOCUMENT # 210139

1. Entity Name
FLAGLER MEDICAL ARTS BUILDINGS, INC.



Principal Place of Business Mailing Address

REGINA R. GILLER 1416 TUSCA TRAIL
218 WORTH AVENUE WINTER SPRINGS, FL 32708 US
PALM BEACH FLA, 33480 US



2. Principal Place of Business 3. Mailing Address

1416 Tusca Trail *1416 Tusca Trail*

Suite, Apt. #, etc. Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State City & State

Winter Springs FL *Winter Springs FL*

4. FEI Number Applied For
59-0875520 Not Applicable

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

32708 USA 32708 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GILLER, REGINA Name *Shyla G. Reich*
218 WORTH AVE Street Address (P.O. Box Number is Not Acceptable)
PALM BEACH, FL 33480 *1416 Tusca Trail*
Winter Springs FL 32708

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 *2/1/06*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. \$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	P GILLER, REGINA R 218 WORTH AVE. PALM BEACH, FL 33480 <input checked="" 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	D REICH, SHYLA 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President & Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SHYLA REICH</i> <i>1416 Tusca Trail</i> <i>Winter Springs FL 32708</i>
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
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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: *[Signature]* DATE: *2/1/06* DAYTIME PHONE #: *407-695-2781*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #