2006 FOR PROFIT CORPORATION ANNUAL REPORT

QOCUMENT # 476973

1. Entity Name

ERNEST P. PALMER, M.D., P.A.

ì

Principal Place of Business

214 WEST PALMETTO STREET

P.O. BOX 428 WAUCHULA, FL 33873

SIGNATURE:

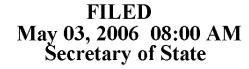
Mailing Address

Suple M. Parmer Special Signature and typed or printed name of signing officer or director

214 WEST PALMETTO STREET

P.O. BOX 428

WAUCHULA, FL 33873





Daytime Phone #

_	A NOT WOITE I	THE COA	ng jim	U4282006 NO	6 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPA			4. FEI Number 59-1595925		N		Applied For Not Applicable	
				5. Certificate of Status	Desired	\$8.75 Fee Re	Additional auired	
	6. Name and Address of Current Regis	tered Agent			·			
PALMER, ERNEST 214 WEST PALMETTO STREET WAUCHULA, FL 33873			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	d office or register	red agent, or both, in the	State of Florida. I	am familiar	with, and accept	
	Signature, typed or printed name of registered agent and title	Agent signature required	i when reinstating)	D/	NE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, ERNEST M.D. 214 WEST PALMETTO ST. WAUCHULA, FL 33873							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMER, GAYLE M. 214 WEST PALMETTO ST. WAUCHULA, FL 33873	000000561105 05/19/06-80001-008 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRI	TE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPAC	E	· ·• · · · · · · · · · · · · · · · · ·	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·					
12. I hereby of indicated of the cor changed,	certify that the information supplied with this f on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with al	illing does not qualify for the exe and accurate and that my signat d to execute this report as requir Il other like empowered.	mptions contained ure shall have the ed by Chapter 60	d in Chapter 119, Florida same legal effect as if ma 7, Florida Statutes, and the	Statutes. I further de under oath; th at my name appe	certify that at I am an o ars in Block	the information fficer or director_ 10 or Block_11_if_	