2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-\$T-ZIP

FILED Jul 17, 2006 08:00 AM Secretary of State

ANNUAL KEPUKI								000 00.00
DGCUI 1. Entity Name					S	ecre	tary of Sta	
	P. GUTOWSKI, M.D., P.A.							
Principal Place	e of Business	Mailing Address						
1410 SAN JO		3005 CARING WAY STE A	•					
ENGLEWOOD	,FL 34223	PORT CHARLOTTE, FL 3395	2	ľ				
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	O NOT WRITE				07122006	No Chg-P	CR2E0	34 (11/05)
	UNO! WHILE	IN THIS SPA	\UE		4. FEI Numbe 59-162		_	Applied For Not Applicable
	i neg i semi sefi sahir Kanggalagan Masahirata					of Status Desired		\$8.75 Additional
				5340				Fee Required
6. Name and Address of Current Registered Agent				k. I eisigel U	West Land	ti i se dike		n silika di seleta di seri
	(E, EDWARD P. JOSE DRIVE				DO.	NOT W	RITE	
	OOD, FL 34223				Sa 240 1 4995)	THIS SF		and the second second
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	named entity submits this statement for ions of registered agent.	the purpose of changing its regist	ered office or r	registere	ed agent, or bot	h, in the State of Flo	rida. I am	familiar with, and accept
CICHATURE						000000 -07718706-	1571009 Johnson	5 -001_150_00
SIGNATURE_	Signature, typed or printed name of registered agent en	d title if applicable. (NQTE: Regist	tered Agent signature	e required	when reinstating)		DATE	الانت و النقط والمناط
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees			7.193(2)(b), F.S., the e the prior notice.
10.	OFFICERS AND D	IRECTORS		hg j	H Parka Sa		nie 725.	
TITLE	P GUTOWSKI, EDWARD P.							
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CITY+ST-ZIP	ENGLEWOOD, FL 34223						jast.	ÉK MAKALA
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STREET ADDRESS				ត់ស្វង់ឡើងស្រែ ស្រែក () ស្រែក ស្រែក () ស្រែក				
CITY-ST-ZIP	\		- 10 Political	Marie 1	رافع إيوا مي والمو		grandini National Control	

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.