


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 484660**

1. Entity Name  
 ARTHUR A. MAUCERI M.D., P.A.



Principal Place of Business      Mailing Address

6831 N.W. 11TH PLACE, STE. 2      6831 N.W. 11TH PLACE, STE. 2  
 GAINESVILLE, FL 32605      GAINESVILLE, FL 32605

**DO NOT WRITE IN THIS SPACE**



01162006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-1618575      Not Applied

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

6. Name and Address of Current Registered Agent

MAUCERI, ARTHUR A  
 6831 N.W. 11TH PLACE, STE. 2  
 GAINESVILLE, FL 32605

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAUCERI, ARTHUR A 6831 NW 11TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAUCERI, ARTHUR A 6831 NW 11TH PLACE GAINESVILLE, FL
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 01/24/06-60015-015 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur A. Mauceri M.D.      DATE: 1/17/06      DAYTIME PHONE #: (352) 331-3650

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