2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 504812

Entity Name: RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

5751 HOOVER BOULEVARD
TAMPA, FL 336345340 US

New Principal Place of Business:

Current Mailing Address:

5751 HOOVER BOULEVARD
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-1723249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALISH, WILLIAM ESQ
AKERMAN SENTERFITT
100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET
1700
TAMPA, FL 33602 US

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.

SIGNATURE: AMERICAN INFORMATION SERVICES, INC. 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWARSKY, IRWIN L M. D.
Address: 5751 HOOVER BOULERAVD
City-St-Zip: TAMPA, FL 33634 US

Title: T ( ) Delete
Name: RUFFOLO, ROBERT F D.O.
Address: 5751 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

Title: VP ( ) Delete
Name: GONZALVO, AMERICO A M.D.
Address: 5751 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

Title: S ( ) Delete
Name: MC CALL, JANICE B M.D.
Address: 5751 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634

Title: AS ( ) Delete
Name: BOGGO, RAUL R M.D.
Address: 5751 HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33634 US

Title: AS ( ) Delete
Name: BRANTLEY, STEPHEN G M. D.
Address: 5751 HOOVER BOULEVARD
City-St-Zip: TAMPA,, FL 33634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRWIN L. BROWARSKY, M.D. P 04/27/2006
Electronic Signature of Signing Officer or Director Date