


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 556238 1. Entity Name JOSEPH F. SULLIVAN, M.D., P.A.	
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Principal Place of Business 201 8TH ST S. SUITE 203 NAPLES, FL 34102 US	Mailing Address 201 8TH ST S. SUITE 203 NAPLES, FL 34102 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1789811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHABROW, PENN B. ESQ.
 2222 PONCE DE LEON BLVD
 CORAL GABLES, FL

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IN THIS SPACE

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 _____

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	PD
NAME	SULLIVAN, JOSEPH F. MD.
STREET ADDRESS	375 BOW LINE DRIVE
CITY - ST - ZIP	NAPLES, FL 34103
TITLE	S
NAME	SULLIVAN, JUDITH W.
STREET ADDRESS	375 BOW LINE DRIVE
CITY - ST - ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

U00000403423
02/06/06-80006-014 150.00

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: Joseph F. Sullivan 1/23/06 339-263-0824

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