


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 600217

1. Entity Name
 FRANKLIN D. CLONTZ, M.D. SURGICAL ASSOCIATES,
 P.A.



Principal Place of Business
 819 EAST FIRST STREET
 SANFORD, FL 32771

Mailing Address
 819 EAST FIRST STREET
 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1058573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLONTZ, FRANKLIN D
 819 E 1ST ST
 SANFORD, FL 32771

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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 except 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLONTZ, FRANKLIN D 819 E FIRST ST SANFORD, FL
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Franklin D. Clontz* Date: 2/02/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR