2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 600798

Entity Name: LINVILLE & ADCOOK, INC.

Current Principal Place of Business:

1565 SAXON BLVD, SUITE 101
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1565 SAXON BLVD, SUITE 101
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-1229900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINVILLE, JAMES J M.D.
3126 WINDING PINE TRAIL
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

LINVILLE, JAMES J M.D.
1555 SAXON BLVD.
SUITE 401
DELTONA, FL 32725 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: JAMES J. LINVILLE, M.D. 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINVILLE, JAMES J.,
Address: 3126 WINDING PINE TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete
Name: ADCOOK, KENNETH J.,
Address: 2131 WIGGLEY FARMS ROAD
City-St-Zip: DELTONA, FL 327252308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: LINVILLE, JAMES J M.D.
Address: 1555 SAXON BLVD., SUITE 401
City-St-Zip: DELTONA, FL 32725

Title: DP (X) Change ( ) Addition
Name: ADCOOK, KENNETH J M.D.
Address: 1555 SAXON BLVD., SUITE 401
City-St-Zip: DELTONA, FL 32725

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: JAMES J. LINVILLE, M.D. DST 05/01/2006
Electronic Signature of Signing Officer or Director Date