2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# 600972

Entity Name: G. LEONARD GIOIA, M.D., P.A.

Current Principal Place of Business:

255 FORTENBERRY ROAD, SUITE A-1
MERRITT ISLAND, FL 32952

New Principal Place of Business:

650 S COURTENAY PKWY
SUITE 102
MERRITT ISLAND, FL 32952

Current Mailing Address:

255 FORTENBERRY ROAD, SUITE A-1
MERRITT ISLAND, FL 32952

New Mailing Address:

650 S COURTENAY PKWY
SUITE 102
MERRITT ISLAND, FL 32952

FEI Number: 59-1259281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOIA, CAMILLE
255 FORTENBERRY ROAD, SUITE A-1
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

MISA, CAMILLE G
650 S COURTENAY PKWY
SUITE 102
MERRITT ISLAND, FL 32952 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: CAMILLE G. MISA 03/15/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GIOIA, G. LEONARD M.D.
Address: 255 FORTENBERRY ROAD, SUITE A-1
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GIOIA, G. LEONARD M.D.
Address: 650 S COURTENAY PKWY, STE 102
City-St-Zip: MERRITT ISLAND, FL 32952

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: G. LEONARD GIOIA, M.D. P 03/15/2006
Electronic Signature of Signing Officer or Director Date