

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601409

FILED
Jan 25, 2006
Secretary of State

Entity Name: CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

130 PABLO STREET
P.O. BOX 2098
LAKELAND, FL 338062098

New Principal Place of Business:

Current Mailing Address:

130 PABLO STREET
P.O. BOX 2098
LAKELAND, FL 338062098

New Mailing Address:

FEI Number: 59-1273583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAIDER, KAMAL
130 PABLO ST
LAKELAND, FL 33806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MELTON, JAMES D JR.
Address: 130 PABLO ST
City-St-Zip: LAKELAND, FL 338032098

Title: DR () Delete
Name: EASON, DONALD
Address: 130 PABLO ST
City-St-Zip: LAKELAND, FL 338032098

Title: DR () Delete
Name: HAIDER, KAMAL
Address: 130 PABLO ST
City-St-Zip: LAKELAND, FL 338032098

Title: DR () Delete
Name: TALLO, RAUL
Address: 130 PABLO ST
City-St-Zip: LAKELAND, FL 338032098

Title: DR () Delete
Name: CARRILLO, LUIS
Address: 130 PABLO STREET
City-St-Zip: LAKELAND, FL 338032098

Title: DR () Delete
Name: CHAN-PONG, JIMMY
Address: 130 PABLO STREET
City-St-Zip: LAKELAND, FL 338032098

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: KAMAL HAIDER

Electronic Signature of Signing Officer or Director

PRES

01/25/2006

Date