


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 018 \*\*\*158.75

**DOCUMENT # 601838**

1. Entity Name  
**RICHARD N. LONG MD PA**



Principal Place of Business  
**3314 HENDERSON BLVD. SUITE 206  
 TAMPA FLA, 33609**

Mailing Address  
~~**3314 HENDERSON BLVD.  
 STE. 206  
 TAMPA, FL 33609 US**~~



2. Principal Place of Business  
**2942 W. Columbus DR.**

3. Mailing Address  
**2942 W. Columbus**

Suite, Apt. #, etc.  
**Suite 109**

Suite, Apt. #, etc.  
**Suite 109**

City & State  
**Tampa, Fl.**

City & State  
**Tampa, Fl.**

01062006 Chg-P CR2E034 (11/05)

Zip  
**33607**

Country  
**USA**

Zip  
**33607**

Country  
**USA**

4. FEI Number  
**59-1285097**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LONG, RICHARD N  
 3314 HENDERSON BLVD. SUITE 206  
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Richard N. Long MD* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, RICHARD N 3314 HENDERSON BLVD.S206 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard N. Long MD* **25 Jan 06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debiting Phone #  
**813-872-7773**