2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 602773

1. Entity Name
MARGOLIN, M.D., P.A

Principal Place of Business	Mailing Address
LINCOURT MEDICAL CENTER 501 SOUTH LINCOLN AVE CLEARWATER, FL 33756	LINCOURT MEDICAL CENTER 501 SOUTH LINCOLN AVE CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

01/17/06 No Doc# CR2E034 (11/05)

4. Fei Number
59-1323104
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARGOLIN,JERRY A
501 S LINCOLN AVENUE
CLEARWATER, FL 33756

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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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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	PD
NAME	MARGOLIN,JERRY A
STREET ADDRESS	501 S. LINCOLN AVE.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	SD
NAME	MARGOLIN,ANN C
STREET ADDRESS	501 S. LINCOLN AVE.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80042-016 150.00

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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 (X) in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: Jerry Margolin 4-15-06 727-442-2193