


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 604870 1. Entity Name BENHAM ROBERT WRIGLEY M.D., P.A.	
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Principal Place of Business 3604 E. FULTON ST. APT. GAE 320 GRAND RAPIDS MI 49546-1396 US	Mailing Address 3604 E. FULTON ST. APT. GAE 320 GRAND RAPIDS MI 49546-1396 US
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2. Principal Place of Business <i>Retired</i> None	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-1500051** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent WRIGLEY, BENHAM M.D. 1454 INDEPENDENCE AVE MELBOURNE FL 32940	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Benham R. Wrigley, M.D.* (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May F
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD <input type="checkbox"/> Delete	TITLE					
NAME	WRIGLEY, BENHAM M.D.	NAME					
STREET ADDRESS	1454 INDEPENDENCE AVE	STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Benham R. Wrigley, M.D.* 1/26/06 616 956-531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #