



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 605448</b> 1. Entity Name <b>KUNCHERIA JOSEPH, M.D., P.A.</b>			
Principal Place of Business <b>1101 S. TAMiami TR 202 VENICE, FL 34285 US</b>		Mailing Address <b>1101 S. TAMiami TR 202 VENICE, FL 34285 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04222006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1869858</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOSEPH, KUNCHERIA, M.D. 1101 S. TAMiami TR 202 VENICE, FL 34285</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: right;">U00000536202 05/08/06-80083-020 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	PD		
NAME	JOSEPH, KUNCHERIA M.D.		
STREET ADDRESS	2522 NORTHWAY DR		
CITY- ST- ZIP	VENICE, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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.			
<b>SIGNATURE:</b> _____		4.24 06 94148559 21	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	