



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90001 035 ***550.00

DOCUMENT # 627732 1. Entity Name ELI PORTH, D.O., P.A.					
Principal Place of Business 1120 SEMORAN BLVD CASSELBERRY, FL 32707				Mailing Address 1120 SEMORAN BLVD CASSELBERRY, FL 32707	
2. Principal Place of Business <i>1120 State Road 436</i> Suite, Apt. #, etc. <i>Suite 1200</i> City & State <i>Casselberry FL</i> Zip <i>32707</i> Country <i>USA</i>		3. Mailing Address <i>1120 State Road 436</i> Suite, Apt. #, etc. <i>Suite 1200</i> City & State <i>Casselberry FL</i> Zip <i>32707</i> Country <i>USA</i>			
4. FEI Number 59-1918218				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PORTH, ELI, D.O. 1120 SEMORAN BLVD. CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1120 State Road 436</i> <i>Suite 1200</i> City <i>Casselberry</i> FL Zip Code <i>32707</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVT PORTH, ELI, D.O. 1120 SEMORAN BLVD. CASSELBERRY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1120 State Road 436, Suite 1200</i> <i>Casselberry FL 32707</i>	
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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: <i>Eli Porth, DO</i> 7/3/06.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					