

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 632130

FILED
Jul 12, 2006
Secretary of State

Entity Name: EDWARD D. SABOL, M.D., P.A.

Current Principal Place of Business:

40 SOUTHWEST 12TH STREET
WALLIS MEDICAL CENTER, SUITE B201
OCALA, FL 32671

Current Mailing Address:

40 SOUTHWEST 12TH STREET
WALLIS MEDICAL CENTER, SUITE B201
OCALA, FL 32671

New Principal Place of Business:

40 SOUTHWEST 12TH STREET
WALLIS MEDICAL CENTER, SUITE B201
OCALA, FL 34474 US

New Mailing Address:

40 SOUTHWEST 12TH STREET
WALLIS MEDICAL CENTER, SUITE B201
OCALA, FL 34474 US

FEI Number: 59-1920932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABOL, EDWARD D., M.D.
40 SOUTHWEST 12TH STREET
WALLIS MEDICAL CENTER, SUITE B201
OCALA, FL 32671 US

Name and Address of New Registered Agent:

SABOL, EDWARD D., M.D.
40 SOUTHWEST 12TH STREET
WALLIS MEDICAL CENTER, SUITE B201
OCALA, FL 34474 US

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.

SIGNATURE:

07/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SABOL, EDWARD D., M., D.
Address: 40 S.W. 12TH ST.
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SABOL, EDWARD D., M., D.
Address: 40 S.W. 12TH ST.
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABOL, EDWARD D. MD

PD

07/12/2006

Electronic Signature of Signing Officer or Director

Date