


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/1

FILED
Mar 21, 2006 8:00 am
Secretary of State

02-16-2006 90047 024 ***150.00

DOCUMENT # 638966 1. Entity Name ALLAN FOODMAN, M.D., P.A.	
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Principal Place of Business 1808 ORCHID ST. SARASOTA, FL 34239	Mailing Address 1808 ORCHID ST. SARASOTA, FL 34239
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66006267



01232000 -- No Chg-P -- CR2E024 (11/05)


DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOODMAN, ALLAN MD 1808 ORCHID ST SARASOTA, FL 34239
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IN THIS SPACE**


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  DATE 1/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5,000 may be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOODMAN, ALLAN 1808 ORCHID ST SARASOTA, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KANTOR, ROBERT 2222 S TAMiami TRAIL STD SARASOTA, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 clerk 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 to this address, with all other like employees.	
SIGNATURE: 	Date 3/14/06 <small>Daytime Phone #</small>



ATTACHMENT

66006267

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

ALLAN FOODMAN, M.D., P.A.
1808 ORCHID ST.
SARASOTA, FL 34239

Subject: ALLAN FOODMAN, M.D., P.A.

Reference Number: 638966

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION