## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 663715** 2006 SEP 18 AM 11: 21 DONALD J. ZELLER, M.D., P.A. SECRETANT D. STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3600 WASHINGTON STREET 3600 WASHINGTON STREET HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 08312006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-1972639 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZELLER, DENISE DIEHL Street Address (P.O. Box Number is Not Acceptable) 24 SARANAC RD SEA RANCH LAKES FT LAUDERDALE, FL 33308 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change ZELLER, DONALD J. NAME NAME 700030026137 /21/06--01023--004 3600 WASHINGTON ST STREET ADDRESS STREET ADDRESS ₹¥{50.00 CITY-ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP--CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing possible 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 trusting empowered to except 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 aduress, with allycing the empowered. 12. I hereby certify that the information supplied with this filing SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED