## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #668991** 

1. Entity Name DORAN R. D'ORAZIO, D.C., P.A.



FILED Apr 13, 2006 08:00 AM Secretary of State

Principal Place of Business

3333 W. WATERS, STE C TAMPA, FL 33614 Mailing Address

3333 W. WATERS, STE C TAMPA, FL 33614



DO NOT WRITE IN THIS SPACE

02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2032989

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

D'ORAZIO DORAN R. 2258 GROVELAND DRIVE LUTZ, FL 33549

## DO NOT WRITE IN THIS SPACE

			•		1
	a named entity submits this statement for the parties of registered agent.	ourpose of changing its registered of	office or registe	red agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and time	it applicable. [NOTE: Registered Agr	ent signature require	i when reinstating)	CATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	9 \$5 Add	.00 May Be led to Fees	·
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ORAZIO, DORAN R. 3333 W. WATER STE C TAMPA, FL	,			U00000506392 04/27/06-80020-009 150.00
TITLE RAME STREET ADDRESS CITY-ST-ZIP			ethonores and value of a trunk of the	· · · · · · · · · · · · · · · · · · ·	e programme de la companya de la co
TITLE NAME STREET ADDRESS CITY-ST-IP				DO N	OT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SE-ZIP					·

12. I hereby certify that the information supplied with this filling 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

(813) 935-2099