


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|  |   |                                       |  |   |  |
|--|---|---------------------------------------|--|---|--|
| <b>DOCUMENT # 680065</b><br>1. Entity Name<br>ALONZO J. LOGAN M.D., P.A.   |   |                                       |  |   |  |
| Principal Place of Business<br>102 PARK PLACE BLVD., D-1<br>BLDG. D, SUITE 1<br>KISSIMMEE FL 34741   |   |                                       | Mailing Address<br>102 PARK PLACE BLVD<br>BLDG. D, SUITE 1<br>KISSIMMEE FL 34741<br>US |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |   |                                       | City & State   |   |  |
| Zip  |   | Country                               |  | 4. FEI Number <b>NO-T APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b> |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>LOGAN, ALONZO J., M.D., P.A.<br>102 PARK PLACE BLVD<br>BLDG D, SUITE 1<br>KISSIMMEE FL 34741  |   |                                       |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 reinstalling)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |                                       |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                       |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Added to Fee</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PST<br>LOGAN, ALONZO J.<br>102 PARK PLACE BLVD. D-1<br>KISSIMMEE FL | <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | U000000408425<br>02/08/06-80056-021 150.00                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LOGAN, ALONZO J.<br>102 PARK PLACE BLVD. D-1<br>KISSIMMEE FL   | <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |                                       |  |   |  |
| <b>SIGNATURE:</b> <i>Alonzo J. Logan</i> <b>PST</b> <i>25 Jan 06</i> <i>408425</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                                       |  |   |  |