




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 681599		
1. Entity Name MARTIN W. CUNNINGHAM, M.D., P.A.		
Principal Place of Business 1111 N.E. 25TH AVE, SUITE 302 OCALA, FL 34470 US		Mailing Address 1111 N.E. 25TH AVE, SUITE 302 OCALA, FL 34470 US
DO NOT WRITE IN THIS SPACE		
		 02162008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2016515		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CUNNINGHAM, MARTIN W. M.D. 1111 NE 25TH AVE STE 302 OCALA, FL 32670		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____		
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"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000450181 03/03/06-80082-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUNNINGHAM, PAMELA 5030 SE 14TH PLACE OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, MARTIN W 5030 SE 14TH PLACE OCALA, FL 34471	
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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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/22/06 352-732-3828 Date Daytime Phone #