

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90043 029 ***150.00

DOCUMENT # 683927 1. Entity Name RICHARD H. MANN, D.P.M., P.A.					
Principal Place of Business 258 S.E. SIXTH AVE., #12 DELRAY BEACH, FL 33483-5227			Mailing Address 258 S.E. SIXTH AVE., #12 DELRAY BEACH, FL 33483-5227		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01052006		Chg-P		CR2E034 (11/05)	
4. FEI Number 59-2038096				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			7. Name and Address of New Registered Agent		
MILLER, LAWRENCE J. 7000 W PALMETTO PK RD STE 600 BOCA RATON, FL 33433-0411			Name MANN, RICHARD H.		
			Street Address (P.O. Box Number is Not Acceptable)		
			258 SE 6th AVE.		
			City DELRAY BEACH		FL Zip Code 33483
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 RICHARD H. MANN, DPM, PA PRESIDENT 5-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, RICHARD H., DPM 258 S.E. SIXTH AVE., #12 DELRAY BEACH, FL 334835227	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: RICHARD H. MANN, DPM, PA		5-1-06		561-276-0900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	