


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90202 046 \*\*\*\*61.25

<b>DOCUMENT # 757821</b> 1. Entity Name <b>RINGLING PROFESSIONAL CENTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US</b>			Mailing Address <b>5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US</b>		
2. Principal Place of Business <b>5041 Ringwood Meadow</b> Suite, Apt. #, etc. <b>STE 2</b> City & State		3. Mailing Address <b>5041 Ringwood Meadow</b> Suite, Apt. #, etc. <b>STE 2</b> City & State			
Zip Country		Zip Country		4. FEI Number <b>59-2289241</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>PAMI MANAGEMENT INC 5037 RINGWOOD MEADOW B SARASOTA, FL 34235</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5041 Ringwood Meadow</b> <b>STE 2</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BOUVERAT, DAVID</b> <b>2831 RINGLING BLVD. 122-F</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BISHOP, LINDA</b> <b>2831 RINGLING BLVD., #218F</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>MCALLISTER, GARY</b> <b>2831 RINGLING BLVD., 123-F</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MENCHINGER, THOMAS</b> <b>2831 RINGLING BLVD. B204</b> <b>SARASOTA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHIMMEL, BRENDA</b> <b>2831 RINGLING BLVD 219F</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GORDON, MARVENE</b> <b>2831 RINGLING BLVD 208C</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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> <u><i>[Signature]</i></u> <b>05/25/06 94-366-5646</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					