


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90197 001 \*1,800.00

<b>DOCUMENT # F02000001060</b>		
1. Entity Name LAWRENCE J. ALTER, M.D., P.A.		
Principal Place of Business 1001 WALDROP DR # 708 ARLINGTON, TX 76012	Mailing Address P.O. BOX 120549 ARLINGTON, TX 76012	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MARUNIAK, NICHOLAS A M.D. 1314 SUMTER STREET, SUITE 5 LEESBURG, FL 34748		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Nick Mammel</u> DATE: <u>3/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD ALTER, LAWRENCE J M.D. 1001 WALDROP DRIVE, SUITE 708 ARLINGTON, TX 76012	
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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: <u>Tom Hall</u> CEO		3/3/06 817-303-4521x214 Date Daytime Phone #