2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07842

Mailing Address

ROBERT W. SNARE M.D., P.A. Principal Place of Business

1187 MAIN STREET P 0 B0X 827 CHIPLEY, FL 32428 US CHPILEY, FL 32428

FILED Mar 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2113934

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SNARE, ROBERT W 1187 MAIN STREET - STE 3

6. Name and Address of Current Registered Agent

PO BOX 827 CHIPLEY, FL 32428

SUITE 3

DO NOT WRITE IN THIS SPACE

SIGNATURE -	Signature, typed or printed name of registered agent and title it applicable. (NOTE: Regis		ed Agent signature required when remstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financin Trust Fund Contribution. 	. D	\$5.00 May Be Added to Fees	
TO. THE VAME STREET ADDRESS	OFFICERS AND DIRECT PD SNARE, ROBERT W 1187 MAIN STREET #3	CTORS }			
CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP	CHIPLEY FL,				- ####################################
STILE VAME STREET ADDRESS CITY-ST-ZIP STILE VAME					NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP CITLE VAME STREET ADDRESS					
CHTY-ST-ZIP HITLE HAME STREET ADDRESS CHTY-ST-ZIP					

Indicated on this report or supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. I furnish certify that he information indicated and this 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:

*850638-42*33

Daytima Phone #