## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 01, 2006 08:00 AN DOCUMENT #F29143 **Secretary of State** 1. Entity Name DONALD K. VIERLING, M.D., P.A. Principal Place of Business Mailing Address DONALD K VIERLING % DONALD K. VIERLING 7541 MEDICAL DRIVE 6936 RIVER ROAD NEW PT RICHEY, FL 34652 HUDSON, FL 34667 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2092178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIERLING, DONALD K DO NOT WRITE 6936 RIVER ROAD NEW PT RICHEY, FL 34652 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 Synature, typed or pr.med name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPS TITLE VIERLING, DONALD K MAME U000000452150 6936 RIVER ROAD STREET ADDRESS 03/11/06-80015-D09 150.00 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not gealify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 170e 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 by trustee procedure to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not not appear with an address with all offer like emovement.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINCED NAME OF SIGNING OF DIRECTO

102/01/2006 (121)842-946

FILED