2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F92498 1. Entity Name



FILED

Mar 03, 2006 8:00 am Secretary of State

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ISSA F. BAROUDI, M.D., P.A.

Principal Place of Business Mailing Address % ISSA F. BAROUDI, M.D. % ISSA F. BAROUDI, M.D. 40023500 3222 TAMIAMI TRAIL 3222 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2206084 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAROUDI, ISSA F., M.D. Street Address (P.O. Box Number is Not Acceptable) 3222 TAMIAMI TRAIL 1 PORT CHARLOTTE, FL 33952 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. Signature, typed or printed 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. After May 1, 2006 Fee will be \$550.00 Added to Fees The Mark St. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition BAROUDI, ISSA F NAME NAME STREET ADDRESS 2885 TAMIAMI TR STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 00000, CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TIT! F TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 22 16 1. TITLE Defete TITLE ☐ Change ☐ Addition S STRAID FRANCY BEEN DOOD NAME NAME E-RODO 10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #