## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2006 08:00 AM Secretary of State

ANNUAL REPURI				<del></del> -= .	,		
	MENT # G11290		12 THE	à		retary of State	
1. Entity Nam PHILIP S	ne . RASULO, M.D., P.A.					·	
Principal Plac	e of Business	Mailing Address					
724 39TH S		724 39TH ST., W.					
BRADENTON		BRADENTON, FL 34205					
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			T. W. Har Jaman	59-22		Not Applicable	
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ļ	6. Name and Address of Current	Registered Agent			The same of the sa	CONTROL TO CONTROL T	
	PHILIP S., M.D.			no	NOT W	DITE	
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8. The above	named entity submits this statement for	or the purpose of changing its reg	istered office or reg	istered agent, or b	oth, in the State of Flo	orida. I am familiar with, and accept	
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NCTE: Reg	gatered Agent agnature rec	gured when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS			,	The second secon	
TITLE	PD BASING BUILDS AS B			· · · · · · · · · · · · · · · · · · ·		ELK[]C	
NAME STREET ADDRESS	RASULO, PHILIP S., M.D. 724 39TH ST CT NW					The state of the s	
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STREET ADDRESS CITY-ST-ZIP				***		The control of the control of the state of the control of the cont	
TOTAL						A Company of the Comp	

12. Thereby 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 of the corporation of the receiver or trustee empowered.

ilins, Rasulomo

SIGNATURE: The Trees MO

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 941,746.0120

Daytme Phone #