


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G46705</b>	
1. Entity Name LINDA ANN MCFADDEN, M.D., P.A.	

Principal Place of Business 2500 N.E. 48TH LANE, APT. 310 C/O LINDA ANN MCFADDEN, M.D. FT. LAUDERDALE, FL 33308	Mailing Address 2500 N.E. 48TH LANE, APT. 310 C/O LINDA ANN MCFADDEN, M.D. FT. LAUDERDALE, FL 33308
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01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2314647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MCFADDEN, LINDA ANN, M.D. 2500 N.E. 48TH LANE, APT. 310 FT. LAUDERDALE, FL 33308
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

1000000409478  
02/08/06-80100-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCFADDEN, LINDA ANN 2500 NE 48TH LANE #310 FT. LAUDERDALE, FL
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IN THIS SPACE**

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:** Linda A. McFadden, M.D. 01/26/06 (954) 771-4058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
LINDA H. MCFADDEN, M.D.