


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # G55912		
1. Entity Name C.B. SINGH M.D. P.A.		
Principal Place of Business 2620 NORTH ANDREWS AVE STE 100 FORT LAUDERDALE, FL 33311 US		Mailing Address 2620 NORTH ANDREWS AVE STE 100 FORT LAUDERDALE, FL 33311 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SINGH, C B 3061 N.E. 40TH COURT FORT LAUDERDALE, FL 33308		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	SINGH, C B	
STREET ADDRESS	3061 N.E. 40TH COURT	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <i>C.B. Singh - C.B. SINGH</i>		1/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2322756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

UD00000381168
01/11/06-80043-002 150.00

DO NOT WRITE
IN THIS SPACE