

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88342

FILED
Mar 20, 2006
Secretary of State

Entity Name: LEWIS & KLANCKE CARDIOLOGY, P.A.

Current Principal Place of Business:

695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-2385440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, VANCE E
695 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAYOS, GLENN H MD
Address: 695 N. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: KLANCKE, KIM A MD
Address: 695 N. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: WILSON, VANCE E MD
Address: 695 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: WEST, OSCAR D MD
Address: 695 N. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BROOME-WEBSTER, CHAD L MD
Address: 695 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANCE E WILSON MD

SEC

03/20/2006

Electronic Signature of Signing Officer or Director

_____ Date