


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
Apr 17, 2006 8:00 am
Secretary of State

04-03-2006 90369 003 ***150.00

DOCUMENT # H00583
 1. Entity Name
ROXANNE J. GUY, M.D., P.A.



Principal Place of Business Mailing Address
111 E HIBISCUS BLVD **111 E HIBISCUS BLVD**
MELBOURNE, FL 32901 **MELBOURNE, FL 32901**



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

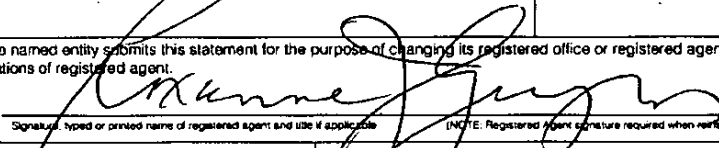
4. FEI Number 59-2432541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUY, ROXANNE J
111 E HIBISCUS BLVD
MELBOURNE, FL 32901

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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:  DATE: _____

Signature: typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

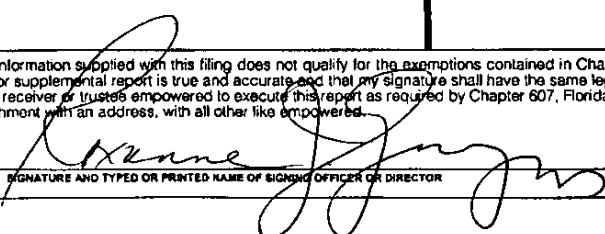
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUY, ROXANNE J 111 E HIBISCUS BLVD MELBOURNE, FL
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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:  Date: **4/11/06** Daytime Phone #: **321-127-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR