
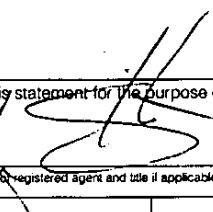


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90090 028 ***150.00

DOCUMENT # H11889 1. Entity Name FRANCISCO A. SMITH, M.D., P.A.					
Principal Place of Business 1660 MEDICAL BLVD. SUITE 302 NAPLES, FL 34110-1413			Mailing Address 1660 MEDICAL BLVD. SUITE 302 NAPLES, FL 34110-1413		
2. Principal Place of Business 1660 MEDICAL PARK BLVD		3. Mailing Address 1660 MEDICAL PARK BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SMITH, FRANCISCO A. 1660 MEDICAL BLVD. NAPLES, FL 34110-1413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1660 MEDICAL PARK BLVD #302 City FL Zip Code		
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 2/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, FRANCISCO A.		NAME	1660 MEDICAL PARK BLVD #302	
STREET ADDRESS	1660 MEDICAL BLVD. #302		STREET ADDRESS	1660 MEDICAL PARK BLVD #302	
CITY-ST-ZIP	NAPLES, FL 341101413		CITY-ST-ZIP	1660 MEDICAL PARK BLVD #302	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, FRANCISCO A		NAME	1660 MEDICAL PARK BLVD #302	
STREET ADDRESS	1660 MEDICAL BLVD. #302		STREET ADDRESS	1660 MEDICAL PARK BLVD #302	
CITY-ST-ZIP	NAPLES, FL 341101413		CITY-ST-ZIP	1660 MEDICAL PARK BLVD #302	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			FRANCISCO A. SMITH (239) 596-1995		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		