

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H64390**

**1. Entity Name**

**MICHAEL T. PATTEN, M.D., P.A.**



**Principal Place of Business**

**2511 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407**

**Mailing Address**

**2511 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407**



01042006 No Chg-P CR2E034 (11/05)

**4. FEI Number**

**65-0605884**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PATTEN, MICHAEL T  
2511 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407**

**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**

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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**

1100000386633  
01/19/06-80008-003 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>PATTEN, MICHAEL T., M.D.</b>
<b>STREET ADDRESS</b>	<b>3 SHELDRAKE CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33418</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/06 561 833-8770