

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75909

FILED
Apr 03, 2006
Secretary of State

Entity Name: RAUL B. ZELAYA, M.D., P.A.

Current Principal Place of Business:

500 E UNIVERSITY AVENUE, SUITE A
P.O. BDRAWER 2759
GAINESVILLE, FL 326022759 US

New Principal Place of Business:

Current Mailing Address:

500 E UNIVERSITY AVENUE, SUITE A
P.O. BDRAWER 2759
GAINESVILLE, FL 326022759 US

New Mailing Address:

FEI Number: 59-2570116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J.
500 E. UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 32602 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: DP () Delete
Name: ZELAYA, RAUL B., M.D., .
Address: 2250 S. FIRST ST., S-2
City-St-Zip: LAKE CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ZELAYA, RAUL B., M.D., .
Address: 1188 SW MAIN BLVD. SUIT 102
City-St-Zip: LAKE CITY, FL 32025

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: RAUL B ZELAYA MD

DP

04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date