

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H77785

1. Entity Name
ALLEN H. BEZNER, M.D., P.A.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90476 012 ***150.00

50017589



01062006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
C/O ALLEN H. BEZNER 116 J.F.K. CIRCLE ATLANTIS, FL 33462-1146		C/O ALLEN H. BEZNER 116 J.F.K. CIRCLE ATLANTIS, FL 33462-1146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BEZNER, ALLEN H. 116 J.F.K. CIRCLE ATLANTIS, FL			

4. FEI Number 59-2575414	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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

(Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS											
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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 reports 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 #

4/27/06 381
4391234