



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90091 041 ***150.00

DOCUMENT # H92289 1. Entity Name ARTHUR M. SCHLYER, M.D., P.A.					
Principal Place of Business 5411 GRAND BLVD. #207 NEW PORT RICHEY, FL 34652 US			Mailing Address 5411 GRAND BLVD. #207 NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business 5411 GRAND BLVD		3. Mailing Address 5411 GRAND BLVD			
Suite, Apt. #, etc. #107		Suite, Apt. #, etc. #107			
City & State NEW PORT RICHEY FL		City & State NEW PORT RICHEY FL			
Zip 34652		Zip 34652			
Country U.S.A.		Country U.S.A.		4. FEI Number 59-2614202	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHLYER, ARTHUR M 5411 GRAND BLVD. #207 NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5411 GRAND BLVD #107 City NEW PORT RICHEY FL Zip Code 34652		
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLYER, ARTHUR M 5411 GRAND BLVD. #207 NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5411 GRAND BLVD #107 NEW PORT RICHEY FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 3-6-06 Daytime Phone # (727) 847-1825		
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					