

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13793

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** S. RICHARD OMBRES, M.D., P.A.

**Current Principal Place of Business:**

1000 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

253 - 8TH STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1000 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

253 - 8TH STREET  
WEST PALM BEACH, FL 33401

**FEI Number:** 59-2684174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OMBRES, S. RICHARD  
1000 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

OMBRES, S. RICHARD  
253 - 8TH STREET  
WEST PALM BEACH, FL 33401 US

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:**

01/12/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR ( ) Delete  
**Name:** OMBRES, S. RICHARD,  
**Address:** 1000 NORTH OLIVE AVENUE  
**City-St-Zip:** WEST PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR (X) Change ( ) Addition  
**Name:** OMBRES, S. RICHARD,  
**Address:** 253 - 8TH STREET  
**City-St-Zip:** WEST PALM BEACH, FL

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:** S. RICHARD OMBRES

DR.

01/12/2006

Electronic Signature of Signing Officer or Director

Date