


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90029 011 \*\*\*150.00

**DOCUMENT # K88095**  
 1. Entity Name  
 TALMOR MEDICAL SERVICES, P.A.



Principal Place of Business  
 4140-C NW 27TH LANE  
 GAINESVILLE, FL 32606 US

Mailing Address  
 4140-C NW 27TH LANE  
 GAINESVILLE, FL 32606 US

**60004240**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01132006 Chg-P CR2E034 (11/05)


4. FEI Number  
 64-0647141 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TALMOR, HANOCH M.D.  
 4140-C NW 27TH LANE  
 GAINESVILLE, FL 32606

7. 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  DATE 1/12/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MD</del> MD TALMOR, HANOCH M.D. 4140-C NW 27TH LANE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 1/12/06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR