


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L29744</b> 1. Entity Name ELAINE C. SHARP, M.D., P.A.	
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Principal Place of Business 1329 COLLEG PKWY GULF BREEZE, FL 32561 US	Mailing Address PO BOX 449 CENTRALIA, IL 62801 US
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02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2975367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHARP, ELAINE C 87 BAYBRIDGE PARK GULF BREEZE, FL 32561
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

UN00000479530

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, ELAINE C 1329 COLLEGE PKWY GULF BREEZE, FL 32561
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04/10/06-800005-006 150.00

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IN THIS SPACE**

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:**  **ELAINE SHARP MD** **3-15-06** **850-450-3854**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if