

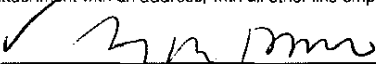


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90180 003 \*\*\*150.00

<b>DOCUMENT # L49584</b> 1. Entity Name <b>NANCY M. TROAST, D.O., P.A.</b>					
Principal Place of Business <b>12645 NEW BRITTANY BLVD FT. MYERS, FL 33907 US</b>				Mailing Address <b>12645 NEW BRITTANY BLVD FT. MYERS, FL 33907 US</b>	
2. Principal Place of Business <b>7841A Cambridge Manor PL</b>		3. Mailing Address <b>7841A Cambridge Manor PL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02082006    Chg-P    CR2E034 (11/05)	
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>		4. FEI Number <b>65-0183224</b>	
Zip <b>33907</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TROAST, NANCY M DO 12645 NEW BRITTANY BLVD FT. MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name <b>Nancy M. Troast DO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7841A Cambridge Manor PL</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and DATE</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$450.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div> <b>ATTACH CHECK</b>  <input type="checkbox"/> Campaign Financing  <input type="checkbox"/> Trust Fund Contribution         </div> <div> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD TROAST, NANCY M D.O. 12645 NEW BRITTANY BLVD FT. MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7841A Cambridge Manor PL</b> <b>Fort Myers FL 33907</b>	
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 <b>2-28-06</b> Daytime Phone # <b>239 278 0400</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					