

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L56689
1. Entity Name
ALAN S. KRIMSLEY, M.D., P.A.



Principal Place of Business
**% ALAN S. KRIMSLEY, M.D.
408 SW MAGNOLIA COVE
PORT ST. LUCIE FL 34986**

Mailing Address
**% ALAN S. KRIMSLEY, M.D.
408 SW MAGNOLIA COVE
PORT ST. LUCIE FL 34986**



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

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

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0182478** Applied For
Not Applied

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

6. Name and Address of Current Registered Agent
**KRIMSLEY, ALAN S., M.D.
408 SW MAGNOLIA COVE
PORT ST. LUCIE FL 34986**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D KRIMSLEY, ALAN S., M.D. 408 SW MAGNOLIA COVE PT. ST. LUCIE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000428607 02/21/06-80052-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alan S. Krimsley, M.D. Alan S. Krimsley, M.D. 1/25/06 772-340-1504