


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M22129
 1. Entity Name
ARLENE E. HAYWOOD, M.D., P.A.



Principal Place of Business 4100 SOUTH HOSPITAL DRIVE, STE.302 PLANTATION, FL 33317	Mailing Address 4100 SOUTH HOSPITAL DRIVE, STE.302 PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2598153	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAYWOOD, ARLENE E.
 4100 SOUTH HOSPITAL DRIVE
 STE 302
 PLANTATION, FL**

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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: *Arlene E. Haywood* (NOTE: Registered Agent signature required when re-registering) DATE: 1/11/06

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HAYWOOD, ARLENE E. 4100 SOUTH HOSPITAL DRIVE, STE.302 PLANTATION, FL 33317
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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: *Arlene E. Haywood* DATE: 1/11/06 DAYTIME PHONE #: 954 583-3500