## **FILED** 2006 FOR PROFIT CORPORATION Jan 30, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # M88374 1. Entity Name 01-30-2006 90071 026 \*\*\*150.00 DON ANGELO, D.O., P.A. Principal Place of Business Mailing Address 5149 N 9 AVENUE 5149 N 9 AVENUE #G-39 #G-39 PENSACOLA, FL 32504 PENSACOLA, FL 32504 01212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2896979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANGELO, DONS DO NOT WRITE 5149 N: 9TH AVENUE #G-39 IN THIS SPACE PENSACOLA, FL 32504 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ANGELO, DON S DO STREET ADDRESS 5149 N. 9TH AVE., STE G-39 CITY-ST-ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of musted empowered prevented 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 analysis supplemental properties.

SIGNATURE:X

TITLE

NAME STREET ADDRESS CTTY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGRANG OFFICER OR DIRECTOR

IN THIS SPACE