

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # M93893**

1. Entity Name  
**FRANCISCO P. CARREON, M.D., PROFESSIONAL ASSOCIATION**



Principal Place of Business

616 E ALTAMONTE DR  
 SUITE 105  
 ALTAMONTE SPRINGS, FL 32701 US

Mailing Address

616 E ALTAMONTE DR  
 SUITE 105  
 ALTAMONTE SPRINGS, FL 32701 US



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-1957607**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARREON, FRANCISCO P.  
 616 E. ALTOMONTE DRIVE, SUITE 105  
 ALTAMONTE SPRINGS, FL 32701

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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: D  
 NAME: CARREON, FRANCISCO P.  
 STREET ADDRESS: 616 E. ALTAMONTE DRIVE, SUITE 105  
 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701

TITLE  
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U00000529310  
 05/05/06-80072-017 150.00

**DO NOT WRITE 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: \_\_\_\_\_

*Francisco P. Carreon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

407 331-6797

Date

Daytime Phone #