

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93953

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: DUCARMEL AUGUSTIN, M.D., P.A.

## Current Principal Place of Business:

612 S. STATE RD. 7  
MARGATE,, FL 33068

## New Principal Place of Business:

## Current Mailing Address:

612 S. STATE RD. 7  
MARGATE,, FL 33068

## New Mailing Address:

FEI Number: 65-0068271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUGUSTIN, DUCARMEL  
612 S. STATE RD. 7  
MARGATE,, FL 33068 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: AUGUSTIN, DUCARMEL,  
Address: 7366 NW 116TH LANE  
City-St-Zip: PARKLAND, FL 33076

Title: DPS ( ) Delete  
Name: AUGUSTIN, DUCARMEL  
Address: 7366 NW 116TH LANE  
City-St-Zip: PARKLAND, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition  
Name: AUGUSTIN, DUCARMEL,  
Address: 612 S STATE ROAD 7  
City-St-Zip: MARGATE, FL 33068

Title: DPS (X) Change ( ) Addition  
Name: AUGUSTIN, DUCARMEL  
Address: 612 S STATE ROAD 7  
City-St-Zip: MARGATE, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUCARMEL AUGUSTIN

DPS

03/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date