


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 AM
Secretary of State --

DOCUMENT # N02000003702 1. Entity Name BUECHEL PATIENT CARE, RESEARCH AND EDUCATION FUND, INC.	
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Principal Place of Business 999 AQUA CIRCLE NAPLES, FL 34102	Mailing Address 999 AQUA CIRCLE NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



05092006 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0443725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURKE, WILLIAM M 4001 TAMiami TRAIL NAPLES, FL 34103

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BUSCHEL, FREDERICK F MD 999 AQUA CIRCLE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUECHEL, MARK C 78 BOONTON AVE BUTLER, NJ 07405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUECHEL, FREDERCK F JR,MD 450 17TH AVE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80106-006 61.25

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 617, 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: Mark C Buechel MARK C BUECHEL 5-15-06 973-762-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #