

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

DOCUMENT # N04000007728

1. Entity Name
**AMERICAN SOCIETY FOR PHOTODYNAMIC THERAPY,
INC.**



Principal Place of Business
**2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308**

Mailing Address
**2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308**

FILED

06 MAY -1 AM 9:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04282006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
81-0653674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204**

**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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NESTOR, MARK S M.D.
STREET ADDRESS	2563 CAPITAL MEDICAL BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	RIGEL, DARRELL S M.D.
STREET ADDRESS	2563 CAPITAL MEDICAL BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	GOLD, MICHAEL H M.D.
STREET ADDRESS	2563 CAPITAL MEDICAL BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	ED
NAME	Bodkin, Larry F.
STREET ADDRESS	2563 Capital Medical Blvd.
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000075092920
05/23/06--01007--015 **\$61.25

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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 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: CE Bodkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Date Daytime Phone #