


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90163 029 \*\*\*\*70.00

<b>DOCUMENT # N99000001653</b> 1. Entity Name <b>CENTRAL FLORIDA MEDICAL SOCIETY INC.</b>					
Principal Place of Business <b>1583 E SILVER STAR RD #328 OCOE, FL 34761-2562</b>			Mailing Address <b>1583 E SILVER STAR RD #328 OCOE, FL 34761-2562</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3300325</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOWELL, MICHAEL MD 1583 E SILVER STAR RD #328 OCOE, FL 34761-2562</b>			7. Name and Address of New Registered Agent Name <b>Howell Michael MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1583 Silver Star Rd #328</b> <b>Ocoee FL 34761-2562</b> City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS HOWELL, MICHAEL MD 102 W PINELOCH AVE, SUITE 23 ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Howell, Michael MD 1414 Kuhl Ave MP 61 Orlando Regional Medical Center Orlando, FL 32806</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SPEARS, MARK MD 4106 W LAKE MARY BLVD LAKE MARY, FL 32746</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HARDEE, MICHAEL MD 1115 N PENNSYLVANIA AVE WINTER PARK, FL 32789</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Michael L. Howell</i> <b>Michael L. Howell, MD</b> <b>4/19/06</b> <b>407-538-5754</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					