## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000010293

**FILED** Feb 20, 2006 Secretary of State

Entity Name: SINCLAIR AND SINCLAIR, P.A. **Current Principal Place of Business: New Principal Place of Business:** 3872 SHERIDAN ST. HOLLYWOOD, FL 330213634 **Current Mailing Address: New Mailing Address:** 3872 SHERIDAN ST HOLLYWOOD, FL 330213634 FEI Number: 65-0985144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINCLAIR, STANLEY M.D. 3872 SHERIDAN ST. HOLLYWOOD, FL 330213634 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition SINCLAIR, STANLEY SINCLAIR, STANLEY M.D. Name: Name:

3872 SHERIDAN ST. 3872 SHERIDAN ST. Address: Address: City-St-Zip: HOLLYWOOD, FL 330213634 City-St-Zip: HOLLYWOOD, FL 330213634

Title: Title: () Change () Addition () Delete

Name: SINCLAIR, HELENE M.D. Name: 3872 SHERIDAN ST. Address: Address: HOLLYWOOD, FL 330213634 City-St-Zip: City-St-Zip:

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: STANLEY SINCLAIR **PRES** 02/20/2006