

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90160 028 ***150.00

DOCUMENT # P00000049374

1. Entity Name
A.M. ELDIN, M.D., P.A.



Principal Place of Business
**72 PONCE DE LEON BLVD
 BROOKSVILLE FL 34601**

Mailing Address
**72 PONCE DE LEON BLVD
 BROOKSVILLE FL 34601**



2. Principal Place of Business
12082 Cortez Blvd

3. Mailing Address
12082 CORTEZ BLVD

Suite, Apt. #, etc.
 Suite, Apt. # etc.

1st MOORE CR2E034 (10/05)

City & State
BROOKSVILLE FL

City & State
BROOKSVILLE FL

4. FEI Number **59-3649352**

Applied For
 Not Applicable

Zip **34613** Country

Zip **34613** Country

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

6. Name and Address of Current Registered Agent

**ELDIN, ADEL M
 72 PONCE DE LEON BLVD.
 BROOKSVILLE FL 34601**

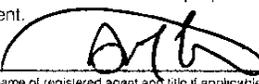
7. Name and Address of New Registered Agent

Name
ND

Street Address (P.O. Box Number is Not Acceptable)
12082 CORTEZ BLVD

City **BROOKSVILLE** FL Zip Code **34613**

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 **3/28/2006**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

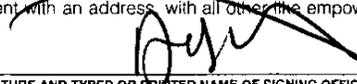
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELDIN, A.M. M.D.	
STREET ADDRESS	72 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	Active Current together	<input type="checkbox"/> Delete
NAME	12082 Cortez Blvd	
STREET ADDRESS	Brooksville, FL 34613	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ND	
STREET ADDRESS	12082 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 the empowered.

SIGNATURE:  DATE **3/28/2006** DAYTIME PHONE # **(352) 592-6438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #