

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057210

FILED  
Aug 30, 2006  
Secretary of State

Entity Name: LAMOUTTE & VERDEJA M.D.S, P.A.

## Current Principal Place of Business:

1601 W TIMBERLAND DR  
STE 600  
PLANT CITY, FL 33566

## New Principal Place of Business:

1601 W TIMBERLANE DR  
STE 600  
PLANT CITY, FL 33566

## Current Mailing Address:

P.O. BOX 1090  
PLANT CITY, FL 335641090

## New Mailing Address:

FEI Number: 59-3652605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANEY, R. REID ESQ.  
4100 BANK OF AMERICA PLAZA  
P.O. BOX 71  
TAMPA, FL 33601 US

## Name and Address of New Registered Agent:

TANCREDO, CHRIS ESQ.  
1306 THONOTOSASSA ROAD  
PLANT CITY, FL 33563-433 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: CHRIS TANCREDO

08/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAMOUTTE, CARLOS M.D.  
Address: P.O. BOX 1090  
City-St-Zip: PLANT CITY, FL 335641090

Title: D ( ) Delete  
Name: VERDEJA, ANA M M.D.  
Address: P.O. BOX 1090  
City-St-Zip: PLANT CITY, FL 335641090

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANA M. VERDEJA, MD

D

08/30/2006

Electronic Signature of Signing Officer or Director

Date