


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90147 014 \*\*\*158.75

<b>DOCUMENT # P00000057562</b>	
1. Entity Name <b>ADVANCED ENERGY MEDICINE OF DAYTONA BEACH, INC.</b>	

Principal Place of Business <b>1620 MASON AVE., STE. C DAYTONA BEACH, FL 32117</b>	Mailing Address <b>1620 MASON AVE., STE. C DAYTONA BEACH, FL 32117</b>
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2. Principal Place of Business <b>1430 Mason Ave</b>	3. Mailing Address <b>1430 Mason Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Daytona Bch F</b>	City & State <b>Daytona Bch F</b>
Zip <b>32117</b>	Zip <b>32117</b>
Country <b>USA</b>	Country <b>USA</b>

40077163



04192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3555095</b>	Applied For <input type="checkbox"/> Not Applicable
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>ORTOLANI, ANGELA J 1620 MASON AVE., STE. C DAYTONA BEACH, FL 32117</b>	7. Name and Address of New Registered Agent Name <b>Angela Ortolani</b> Street Address (P.O. Box Number is Not Acceptable) <b>1430 Mason Ave</b> City <b>Daytona Bch</b> <b>FL</b> Zip Code <b>32117</b>
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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]* DATE 4/25/06

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTOLANI, JOHN A 1430 MASON AVE. DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTOLANI, ANGELA J 1620 MASON AVE., STE. C DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ortolani Angela J 1430 Mason Ave Daytona Bch FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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

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 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 like empowered.

SIGNATURE: *[Signature]* DATE 4/25/06 DAYTIME PHONE # 386-274-3601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR