## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000092864

Entity Name: RALPH J. ZWOLINSKI, M.D., P.A.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4016 NOVA RO. SUITE A PORT ORANGE		2127			
Current Mailing Address:			<b>New Mailing Address</b>	New Mailing Address:	
4016 NOVA RO. SUITE A PORT ORANGE		2127			
FEI Number: 59-37	13284	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LUNSFORD, AN 770 W. GRANA SUITE 200 ORMOND BEAG	DA BOI	JLEVARD			
The above name in the State of Fl		v submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent			ent	Date	
Election Campaigr	n Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: ZWC		)Delete RALPH J M.D.	Title: Name:	( ) Change ( ) Addition	

 Title:
 P
 ( ) Delete
 Title:

 Name:
 ZWOLINSKI, RALPH J M.D.
 Name:

 Address:
 6325 PALMAS BAY CIRCLE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32127
 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: RALPH J ZWOLINSKI DIRE 04/24/2006