


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90018 035 ***150.00

DOCUMENT # P00000104314 1. Entity Name MDY PRIMARY CARE MEDICINE, P.A.	
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Principal Place of Business 40124 HWY 27 STE 104 DAVENPORT, FL 33837	Mailing Address 40124 HWY 27 STE 104 DAVENPORT, FL 33837
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3681028	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, CARLA DELOACH ESQ. 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803
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DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP YEE, MARGARET R 40124 HWY 27 STE 104 DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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:  M. Yee	01.19.06 863-422-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT

CARLA DELOACH BRYANT

ATTORNEYS & COUNSELORS AT LAW, P.A.

60015090
#P00000104314

February 6, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Business Report for MDY Primary Care Medicine, P.A.

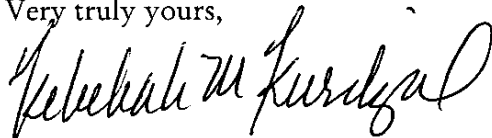
Dear Sir or Madam:

Enclosed please find the 2006 Uniform Business Report for MDY Primary Care Medicine, P.A. and a check, made payable to the Florida Department of State, in the amount of one hundred fifty dollars (\$150.00).

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,



Rebekah M. Kurdziel
For the Firm

RMK/kn
enclosures