

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001484

FILED
Jan 03, 2006
Secretary of State

Entity Name: ALICIA CAMPBELL, M.D., P.A.

Current Principal Place of Business:

5527 GRAND CAYMAN RD.
JACKSONVILLE, FL 32226

New Principal Place of Business:

5527 GRAND CAYMAN RD.
JACKSONVILLE, FL 32226

Current Mailing Address:

5527 GRAND CAYMAN RD.
JACKSONVILLE, FL 32226

New Mailing Address:

5527 GRAND CAYMAN RD.
JACKSONVILLE, FL 32226

FEI Number: 59-3689918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, ALICIA
Address: 5527 GRAND CAYMAN RD.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALICIA CAMPBELL

D

01/03/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date