

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000002030

1. Entity Name
THOMAS C. SUITS, M.D., P.A.



Principal Place of Business
**401 E OSCEOLA ST
STUART, FL 34994**

Mailing Address
**401 E OSCEOLA ST
STUART, FL 34994**



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1062051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANTON, ROGER C ESQ
WARD DAMON TITTLE & POSNER PA
4420 BEACON CIRCLE SUITE 100
WEST PALM BEACH, FL 33410**

**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 _____
Signature, typed or printed name of registered agent and file if applicable (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	SUITS, THOMAS C
STREET ADDRESS	401 E OSCEOLA STREET, SUITE 200
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	MACHEL, IRENE MD
STREET ADDRESS	401 E OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80048-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Suits M.D.

3-28-06 72-220-9871

Date Daytime Phone #