


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90080 010 ***150.00

DOCUMENT # P01000012619 1. Entity Name JOLITA KLEMENTAVICIENE, M.D., P.A.			
Principal Place of Business 617 BAY CLIFFS ROAD GULF BREEZE, FL 32561 US		Mailing Address 617 BAY CLIFFS ROAD GULF BREEZE, FL 32561 US	
2. Principal Place of Business 85 Baybridge Drive Suite, Apt. #, etc.		3. Mailing Address 85 Baybridge Drive Suite, Apt. #, etc.	
City & State Gulf Breeze, FL Zip 32561		City & State Gulf Breeze, FL Zip 32561	
Country Santa Rosa		Country Santa Rosa	
4. FEI Number 59-3702462		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEMENTAVICIENE, JOLITA MD 617 BAY CLIFFS ROAD PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 85 Baybridge Drive City Gulf Breeze FL Zip Code 32561	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE 3/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KLEMENTAVICIENE, JOLITA M.D. STREET ADDRESS 85 BAYBRIDGE DRIVE CITY-ST-ZIP GULF BREEZE, FL 32561	<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
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
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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/7/06 850-932-2000 <small>Date Daytime Phone #</small>	