

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000043357



Entity Name
BIOLOGY DOCTORS, P.A.

Principal Place of Business
COMMUNITY HOSPITAL
MARINE PKWY
PORT RICHEY, FL 34652

Mailing Address
PO BOX 127
ELFERS, FL 34680



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARRILOW, ARTHUR G
101 ASHBURN PLACE
MPA, FL 33624

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IN THIS SPACE**

I, 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.

NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

1101001347843
01/30/06-80066-013 150.00

OFFICERS AND DIRECTORS

DP
BARAT, GUY R M.D.
100 STANTON CIRCLE
OLDSMAR, FL 34677

DVST
PARISE, JOSEPH S M.D.
1033 ROYAL BIRKDALE DR
TARPON SPRINGS, FL 34688

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IN THIS SPACE**

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

Date

Daytime Phone

Joseph S. Parise, MD 1/16/06 (727) 834-5915