


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P01000054806

Entity Name  
DUARDO A. SANCHEZ, M.D., P.A.



Principal Place of Business  
1667 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

Mailing Address  
1667 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3722625</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, EDUARDO A M.D.  
1667 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**

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.  **\$5.00** May Be Added to Fees

1000001347463  
01/30/06-80051-011 150.00

OFFICERS AND DIRECTORS	
D	SANCHEZ, EDUARDO A M.D. 1667 ATLANTIC BLVD. JACKSONVILLE, FL 32207
ADDRESS	
ADDRESS	
ADDRESS	
ADDRESS	
ADDRESS	
ADDRESS	
ADDRESS	
ADDRESS	

**DO NOT WRITE 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: X SANCHEZ DATE: 1/11/06 DAY/PHONE: 904-399-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR