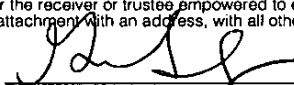


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 001 ***150.00

DOCUMENT # P01000076541 1. Entity Name GINA SEVIGNY, M.D., P.A.					
Principal Place of Business 305 CLYDE MORRIS BLVD STE 150 ORMOND BEACH, FL 32174			Mailing Address 51 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1325 OAK FOREST DR.			
City & State		City & State ORMOND BEACH, FLA.		4. FEI Number 59-3734457	
Zip 32174		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEVIGNY, GINA M MD 51 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1325 OAK FOREST DR City ORMOND BEACH FL Zip Code 32174		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVIGNY, GINA MD ☐ Delete 51 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1325 OAK FOREST DR ORMOND BEACH FLA 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			GINA SEVIGNY, MD, PA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 386-615-1771 Daytime Phone #		

40101100

