2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103714

Entity Name: ANIL GEORGE, M.D., P.A.

FILED Mar 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

580 WEST 8TH STREET, #6009 JACKSONVILLE, FL 32209

Current Mailing Address: New Mailing Address:

580 WEST 8TH STREET, #6009 JACKSONVILLE, FL 32209

FEI Number: 59-3761141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEORGE, ANIL MD
580 W 8TH STREET, SUITE 6009
JACKSONVILLE, FL 32209 US
4823 SAN JOSE BOULEVARD
207
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: JAMES E. FARAH, ESQ. 03/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PSTD (X) Change () Addition

Name: GEORGE, ANIL M.D. Name: GEORGE, ANIL M.D.

 Address:
 580 WEST 8TH STREET, #6009
 Address:
 580 WEST 8TH STREET, #6009

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIL GEORGE, M.D. /JEF P 03/11/2006