

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90014 042 \*\*\*550.00

<b>DOCUMENT # P01000110386</b> 1. Entity Name WILLIAM F. RYLANDER, M.D., P.A.																											
Principal Place of Business 500 N WASHINGTON AVE STE 102 TITUSVILLE, FL 32796		Mailing Address 500 N WASHINGTON AVE STE 102 TITUSVILLE, FL 32796																									
2. Principal Place of Business 407 S. Washington Ave Suite, Apt. #, etc. Suite # 1 City & State Titusville Florida Zip 32796 Country USA		3. Mailing Address P.O. Box 6546 Suite, Apt. #, etc. City & State Titusville Florida Zip 32792-6546 Country USA																									
4. FEI Number 59-3759523		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  WHITE, W GRAHAM 250 PARK AVE SOUTH 5TH FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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:  DATE: 9/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RYLANDER, WILLIAM F MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 N WASHINGTON AVE STE 102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL 32796</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	RYLANDER, WILLIAM F MD		STREET ADDRESS	500 N WASHINGTON AVE STE 102		CITY-ST-ZIP	TITUSVILLE, FL 32796		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		Date: 9-1-6 Daytime Phone #																									