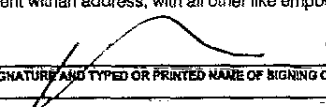


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000002878 1. Entity Name DOUGLAS A. ST. CLAIR, M.D., P.A.																																	
Principal Business Mailing Address 581 S A1A HIGHWAY MELBOURNE BEACH, FL 32951		Address 581 S A1A HIGHWAY MELBOURNE BEACH, FL 32951																															
DONOTWRITEINTHISPACE		 04202006 No Chg-P CR2E034 (11/05)																															
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901		DONOTWRITE INTHISPACE																															
		4. FEI Number 01-0568067 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																												
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Not Applicable																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ST. CLAIR, DOUGLAS A MD</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">104 INTRACOASTAL CIRCLE</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TEQUESTA, FL 33469</td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table>				TITLE	D	NAME	ST. CLAIR, DOUGLAS A MD	STREET ADDRESS	104 INTRACOASTAL CIRCLE	CITY-ST-ZIP	TEQUESTA, FL 33469	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS	
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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.		U000000530655 05/06/06-80007-008 150.00 DONOTWRITE INTHISPACE																															
SIGNATURE: 		DOUGLAS A. ST. CLAIR <i>ms</i> 7/16/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 321-223-6133																															