2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026207

Entity Name: AARON S. DUBRINSKY D.O. P.A.

FILED Mar 12, 2006 Secretary of State

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

4910 NORTHEAST TWENTY-FOURTH AVENUE 105 CARLISLE LANE

LIGHTHOUSE POINT, FL 330647013 US PORT SAINT LUCIE, FL 349521368 US

Current Mailing Address: New Mailing Address:

4910 NORTHEAST TWENTY-FOURTH AVENUE 105 CARLISLE LANE

LIGHTHOUSE POINT, FL 330647013 US PORT SAINT LUCIE, FL 349521368 US

FEI Number: 03-0412115 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:

DUBRINSKY, AARON S D.O.
4910 NORTHEAST TWENTY-FOURTH AVENUE

DUBRINSKY, AARON S D.O.
105 CARLISLE LANE

LIGHTHOUSE POINT, FL 330647013 US PORT SAINT LUCIE, FL 349521368 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: 03/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: DUBRINSKY, AARON S D.O. Name: DUBRINSKY, AARON S D.O.

Name: DUBRINSKY, AARON S D.O. Name: DUBRINSKY, AARON S D.O. Address: 4910 NORTHEAST TWENTY-FOURTH AVENUE Address: 105 CARLISLE LANE

City-St-Zip: LIGHTHOUSE POINT, FL 330647013 US City-St-Zip: PORT SAINT LUCIE, FL 349521368 US

Title: TD () Delete Title: TD (X) Change () Addition

Name: LEHMAN, GAIL L PHD
Address: 4910 NORTHEAST TWENTY-FOURTH AVENUE Address: 105 CARLISLE LANE

City-St-Zip: LIGHTHOUSE POINT, FL 330647013 City-St-Zip: PORT SAINT LUCIE, FL 349521368 US

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: AARON S DUBRINSKY DP 03/12/2006

Electronic Signature of Signing Officer or Director

Date