

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2006
Secretary of State**

DOCUMENT# P02000028863

Entity Name: MARK G. STAVROS, MD, PA

Current Principal Place of Business:

WEST FLORIDA HOSPITAL EMERGENCY DEPT.
8383 N. DAVIS HWY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

5429 SOUNDSIDE DR
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 03-0500560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAVROS, MARK G
5429 SOUNDSIDE DR.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAVROS, MARK G
Address: 5429 SOUNDSIDE DR.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK STAVROS

PRES

02/11/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date