# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2006**
**Secretary of State**

DOCUMENT# P02000061851

**Entity Name:** GAINESVILLE OUTPATIENT BILLING SERVICES, INC.

**Current Principal Place of Business:**

4509 NW 23 AVE
SUITE 18
GAINESVILLE, FL 32606

**New Principal Place of Business:**

2730 NW 39 AVE
GAINESVILLE, FL 32605

**Current Mailing Address:**

4509 NW 23 AVE
SUITE 18
GAINESVILLE, FL 32606

**New Mailing Address:**

2730 NW 39 AVE
GAINESVILLE, FL 32605

**FEI Number: 02-0662193** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ST. LAWRENCE, DANNA R
4509 NW 23 AVE
SUITE 18
GAINESVILLE, FL 32606 US

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

ST. LAWRENCE, DANNA R
2730 NW 39 AVE
GAINESVILLE, FL 32605 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: _____ 01/21/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ST. LAWRENCE, DANNA R
Address: 3659 NW 21 PL.
City-St-Zip: GAINESVILLE, FL 32606

**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: DANNA R STLAWRENCE PRES 01/21/2006
Electronic Signature of Signing Officer or Director — Date