


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000100270</b>	
1. Entity Name <b>SIX DOCTORS MEDICAL CENTER, INC.</b>	

Principal Place of Business <b>3332 GRIFFIN RD FT. LAUDERDALE, FL 33312</b>	Mailing Address <b>3332 GRIFFIN RD FT. LAUDERDALE, FL 33312</b>
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>48-1275377</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>SEYDAMETOV, VYACHESLAV 3332 GRIFFIN RD FT. LAUDERDALE, FL 33312</b>

<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR FULTON, PAUL D.C. 3332 GRIFFIN RD FT. LAUDERDAL, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SEYDAMETOV, VYACHESLAV 3332 GRIFFIN RD FT. LAUDERDALE, FL 33312</b>
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02/07/06-80053-024 158.75

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:** *Seydamev* **1-25-06 (954) 924-6151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**CR # 6320  
1-25-06**