2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104864

FILED Feb 15, 2006 Secretary of State

Entity Name: MICHAEL V. RIESBERG MD OTOLARYNGOLOGY AND PERFORMING ARTS MEDICINE, INC.

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

2401 LANGLEY AVE 2411 EXECUTIVE PLAZA DRIVE

SUITE A SUITE 1

PENSACOLA, FL 32504 PENSACOLA, FL 32504

Current Mailing Address: New Mailing Address:

2401 LANGLEY AVE 2411 EXECUTIVE PLAZA DRIVE

SUITE A SUITE 1
PENSACOLA, FL 32504 PENSACOLA, FL 32504

FEI Number: 54-2076559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: RIESBERG, MICHAEL V MD

8211 KLONDIKE RD PENSACOLA, FL 32526 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

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

 Name:
 RIESBERG, MICHAEL V M.D.
 Name:
 RIESBERG, MICHAEL V M.D.

 Address:
 2401 LANGLEY AVE STE A
 Address:
 2411 EXECUTIVE PLAZA DRIVE STE 1

City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504

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: MICHAEL V RIESBERG D 02/15/2006