

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117973

Entity Name: BRIAN SLABY, M.D., P.A.

FILED  
Mar 02, 2006  
Secretary of State

## Current Principal Place of Business:

461 SEVENTH AVENUE SOUTH  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

511 W. HIGHLAND BLVD.  
INVERNESS, FL 34452

## Current Mailing Address:

461 SEVENTH AVENUE SOUTH  
ST. PETERSBURG, FL 33701

## New Mailing Address:

511 W. HIGHLAND BLVD.  
INVERNESS, FL 34452

FEI Number: 82-0571360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLABY, BRIAN  
461 SEVENTH AVENUE SOUTH  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

SLABY, BRIAN  
511 W. HIGHLAND BLVD.  
INVERNESS, FL 34452 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:

03/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SLABY, BRIAN A M.D.  
Address: 461 SEVENTH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: SLABY, BRIAN A M.D.  
Address: 511 W. HIGHLAND BLVD.  
City-St-Zip: INVERNESS, FL 34452 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: BRIAN SLABY, M.D.

DR.

03/02/2006

Electronic Signature of Signing Officer or Director

Date