


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000130552
 1. Entity Name
SANDRA J. DOWNES, M.D., MPH, P.A.



Principal Place of Business Mailing Address
3645 MADACA LANE **3645 MADACA LANE**
TAMPA, FL 33618 **TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CRZE034 (11/05)

4. FEI Number
90-0056653 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
DOWNES, SANDRA J M.D.
3645 MADACA LANE
TAMPA, FL 33618

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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 _____ (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	D DOWNES, SANDRA J M.D. 3645 MADACA LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOWNES, SANDRA J M.D. 3645 MADACA LANE TAMPA, FL 33618
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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: 