## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000013883

1. Entity Name

ERIN L. CONNOR, CRNA, P.A.



Principal Place of Business 955 38TH AVENUE NORTH ST. PETERSBURG, FL 33704



## FILED Apr 18, 2006 8:00 am Secretary of State

04-18-2006 90082 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired Security Securi

6. Name and Address of Current Registered Agent

CONNOR, ERIN L

32831 Serene Drive Punta Gorda FL 33982

## DO NOT WRITE IN THIS SPACE

类。 图	unta Gorda; FL 33982				· · · · · · · · · · · · · · · · · · ·
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					
FIL After Ma	È NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	PD				
NAME	CONNOR, ERIN L				
STREET ADDRESS	32831 SERENE DRIVE				
CITY-ST-ZIP	PUNTA GORDA, FL 33982				
TITLE		İ			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		? <u></u>		F 11	4 1 m
NAME					•
STREET ADDRESS				DO N	OT WRITE
CITY-ST-ZIP					
TITLE				IN TH	IIS SPACE
NAME		ı			
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS		i			
CITY-ST-ZIP					
TITLE					
NAME		i			
STREET ADDRESS					
2) UEET WUUNE 22					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Frome #