


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P03000036584 1. Entity Name AUGUSTIN J. SCHWARTZ, III, M.D., P.A. |  |
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| Principal Place of Business 1309 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 | Mailing Address PO BOX 14067 NORTH PALM BEACH, FL 33408 |
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01232006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 55-0829933 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHWARTZ, AUGUSTIN J MD 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHWARTZ, AUGUSTIN J 1309 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 |
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| 000000556968 05/17/06-80032-018 150.00 DO NOT WRITE IN THIS SPACE |
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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:  **4/19/06** **561-346-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #