## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 13, 2006 8:00 am **Secretary of State DOCUMENT # P03000064868** 02-13-2006 90021 008 \*\*\*150.00 ROBERT P. FINKELSTEIN, D.O., P.A. Principal Place of Business Mailing Address 6771 PROFESSIONAL PKWY W. 6771 PROFESSIONAL PKWY W. SUITE 203 SUITE 203 SARASOTA FL 34249- 34240 SARASOTA FL 34249 34240 2. Principal Place of Business 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number 56-2368025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINKELSTEIN, ROBERT P Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. FINKASTEIN, ROBERT P ETCHANGE DA 6711 Professional Participal West Suite 203 Savasota, FL 34240 Delete TITLE TITLE FINKELSTEIN, NOBERT P 11913 WHISTLING WAY NAME NAME STREET ADDRESS STREET ADDRESS BRADENTON FL 34202 CITY+ST-ZIP CITY-ST-7tP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Defete TITLE TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-7/P Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHAPTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE 106 911-907-7372

FILED