2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

02-02-2006 90033 046 ***150 00

1. Entity Nam	ne	# P0300007 AGH MD, P.A.	7279					02-02-2006	90033 0	40 ***130).00	
Principal Place of Business 3415 65TH STREET EAST BRADENTON, FL 34208			Mailing Address 3415 65TH STREET EAST BRADENTON, FL 34208				66004649					
2. Principal Place of Business 3014 65th Street_E			3. Mailing Address 3014 65th Street E									
Suite, Apt.			Suite, Apt, #, etc		<u> </u>		03072006	Chg-P	CR2E	034 (11/05)		
City & Stat	te		City & State		· 		4. FEI Numb	er		I A	oplied For	
Bradenton, FL		Bradenton, FL				31-1	1823973			ot Applicable		
Zip 34208	,	Country Manatee	Ζiρ 34208	Coun M:	_{anate}	_	5. Certificate	of Status Desired		\$8.75 Add		
	6, Name	and Address of Curren			ļ		7. Name and	Address of New	Registered	Agent		
CAVANAG	בע מכאופ	M			Name							
3415 65TH	STREET	EAST					P.O Box Numb	er is Nor Acceptat	ole)			
BRADENT	ON, FL 3	4208			<u> </u>		<u> </u>	<u></u> <u></u>				
					City					Zip Cod	e	
9 The shave	a a mod antitu	coulomite this statement	for the purpose of changing its	racistar	Brade	ento	on	th in the State of E	FI	Zip Cod 342(8	
	tions of regist		or the purpose or changing its	, register	ed omes or	egister	agam, or bo	ur, in the State of F	TONGA. Tan	rasınar wiri.	and accept	
SIGNATURE.								····				
	Signature, typed	or printed name of registered ager	stand the displication. (NO)	E. Pegistere	ka Ag <i>e</i> nt Signatur	e recured	wnen rønstatrigs		DATE			
FIL After M	E NOW!!! ay 1, 2006	FEE IS \$150.00 6 Fee will be \$550	9. Election Campa Trust Fund Cont		ncing		00 May Be ed to Fees			·		
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR:	S IN 11	
NAME	P	SU DENIGNA	☐ Delete	THU	_					Change	Addition	
STREET ADDRESS	CAVANAGH, DENIS M 3415 65TH STREET EAST				EET ADDRESS	301	014 65th Street E					
OTY-ST-ZiP	BRADENTON, FL 34208			צהס	1-S1 - ZIP			. FL 3				
TITLE			Delete	TITL				•		Change	Addition	
NAME STREET ADDRESS				NAM STRI	EET ADDRESS							
SITY-S1-ZiP					'-3T-ZIP						·	
TITLE			☐ Delete	Tity						Change	Addition	
NAME STREET ADDRESS				NAM State	EET ADDRESS							
CITY-ST-ZIP					-ST-77P							
DILE	1			_						Channe .	☐ Addition	
NAME			Delete	ĦäL	.C.					🗌 Change		
STREET ADDRESS			☐ Delete	NAM	KE.					[] cualiĝe		
CITY - ST-712	ļ		Delete	NAV Sirie						[] change		
DITY-ST-ZIP			☐ Delete	NAV Sirie	KE EET ACORESS 7-ST-ZP					Change	Addition	
				NAM STRE CIFY THE NCM	KE EET ADDRESS (-ST-ZP E		417.64					
NAME NAME STREET ADDRESS				MAN BRIE VIIC UIN WAN BRIE	ME EET ADDRESS (-ST-ZP E ME ME EET ADDRESS							
NTLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	NAM STRE CIFY THE NAM STRE CIFY	ME EET ADDRESS (-ST-ZP) E ME EET ADDRESS (-ST-ZP) ME					☐ Change	☐ Addition	
NITLE NAME STREET ADDRESS GITY - ST - ZIP DTLE				MAN BRIE VIIC UIN WAN BRIE	KE EET ACCORESS (*ST-ZP) E EET ACCORESS (*ST-ZP) E EET ACCORESS (*ST-ZP) E							
NTLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	RAM STRE CIEY THU NAM STRE CITY THE NAM	KE EET ACCORESS (*ST-ZP) E EET ACCORESS (*ST-ZP) E EET ACCORESS (*ST-ZP) E					☐ Change	☐ Addition	
NTLE NAME STREET ADDRESS GITY-ST-ZIP DTLE NAME			☐ Delete	NAMES OF THE STREET OF THE STR	RE FET ADDRESS (*-ST-ZP) E FET ADDRESS (*-ST-ZP) E FET ADDRESS (*-ST-ZP) E FET ADDRESS (*-ST-ZP)					☐ Change	☐ Addition	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:	EN15	Μ	CAVANAGH	3-10-06	941-747-3	φ3ι
SIGNATURE AND TYPES OR PRINTED NAME OF	OF SIGNING OFFICE	R OR DIRECTO	OPR	Sare	Cayama Prioria +	i





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

DENIS M CAVANAGII MD, P.A. 3415 65TH STREET EAST BRADENTON, FL 34208

Subject: DENIS M CAVANAGH MD, P.A.

Reference Number:

P03000077279

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION PLEASE S ADDRES) AS

weil 3014 65 TH 5- E

BASSELEN TO

34308

