


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079230	
1. Entity Name ISABELLA K. SHARPE, M.D., P.A.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:52

Principal Place of Business 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210	Mailing Address 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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*pk*



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0088874	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  SHARPE, ISABELLA K MD 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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DO NOT WRITE  
IN THIS SPACE

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. <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	DPST SHARPE, ISAELLA K MD 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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08/15/06--01051--021 \*\*150.00

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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: *Isabella K Sharpe* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #