

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101316

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** MARY ROSE BOEHM, M.D., P.A.

**Current Principal Place of Business:**

1120 CITRUS TOWER BLVD, STE 130  
CLERMONT, FL 34711

**New Principal Place of Business:**

235 CITRUS TOWER BLVD, STE 101  
CLERMONT, FL 34711

**Current Mailing Address:**

MARY ROSE BOEHM M.D.  
614 EAST HIGHWAY 50, BOX 304  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 16-1683483      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERACI, ANITA G  
11635E HWY 50 STE B  
CLERMONT, FL 34711      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** BOEHM, MARY ROSE  
**Address:** 614 EAST HIGHWAY 50, BOX 304  
**City-St-Zip:** CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR      (X) Change ( ) Addition  
**Name:** BOEHM, MARY ROSE  
**Address:** 614 EAST HIGHWAY 50, BOX 304  
**City-St-Zip:** CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MRBOEHM, M.D.

M.D.

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date