
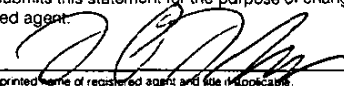
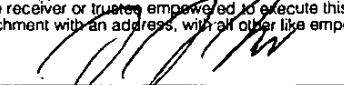


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90071 022 ***150.00

DOCUMENT # P04000002377					
1. Entity Name J. DANIEL LABS, M.D., P.A.					
Principal Place of Business 800 GOODLETTE RD NORTH SUITE 350 NAPLES, FL 34102			Mailing Address 800 GOODLETTE RD NORTH SUITE 350 NAPLES, FL 34102		
2. Principal Place of Business 720 Goodlette Rd. N. Suite, Apt., #, etc. Suite #205		3. Mailing Address 720 Goodlette Rd. N. Suite, Apt., #, etc. Suite #205			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 86-1092204	
Zip 34102 Country USA		Zip 34102 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LABS, JOSEPH D 800 GOODLETTE RD NORTH SUITE 350 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Labs, J. Daniel Street Address (P.O. Box Number is Not Acceptable) 720 Goodlette Road North Suite 205 City Naples FL Zip Code 34102		
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  DATE 3-8-06 <small>Signature, typed or printed name of registered agent, and fee (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME LABS, J. DANIEL STREET ADDRESS 800 GOODLETTE RD N, STE 350 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 720 Goodlette Road North, #205 CITY-ST-ZIP Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 3-8-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					