
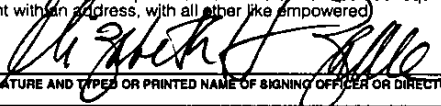


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90044 028 ***150.00

DOCUMENT # P04000004226			
1. Entity Name ELIZABETH H. ZABLE, M.D., P.A.			
Principal Place of Business 7171 N DALE MABRY STE 401 TAMPA, FL 33614		Mailing Address 7171 N DALE MABRY STE 401 TAMPA, FL 33614	
2. Principal Place of Business 16594 N DALE MABRY HWY		3. Mailing Address (SAME)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33618	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ZABLE, ELIZABETH H 17734 CURRIE FORD DR LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ZABLE, ELIZABETH H 17734 CURRIE FORD RD LUTZ, FL 33558 <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: 1-18-06 Daytime Phone #: (813) 933-1944	

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01112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0508695 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required