## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AN Secretary of State DOCUMENT # P0400008440 1. Entity Name L. ARLIE ULLAND, M.D., P.A. Principal Place of Business Mailing Address 2980 S.E. 3RD CT. 2980 S.E. 3RD CT. OCALA, FL 34471 OCALA, FL 34471 04222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0494430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, DAVID A JR. DO NOT WRITE 1243 S.E. 22ND AVE. OCALA, FL 34471 IN THIS SPACE 5. 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. Signature, typed or printed name of registered agent and trie if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ULLAND, L. ARLIE NAME 2980 S.E. 3RD CT. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE NAME U00000553574 05/15/06-80057-011 158.75 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THEF NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

STREET ADDRESS CBY-SI-DP THLE NAME STREET ADDRESS CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4125/06

<u>352-622-4231</u>

Daytime Phone #

**FILED**