


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000020502</b>	
1. Entity Name ERICA N. ELANNAN, DDS, PA	

Principal Place of Business 2510 US 1 SOUTH SUITE B ST AUGUSTINE, FL 32086 US	Mailing Address 2510 US 1 SOUTH SUITE B ST AUGUSTINE, FL 32086 US
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**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-P CR2E034 (11/05)

4. FCI Number 20-0664351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ELANNAN, ERICA N  
100 ST AUGUSTINE SOUTH DRIVE  
SUITE B  
ST AUGUSTINE, FL 32086

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELANNAN, ERICA N 100 ST AUGUSTINE SOUTH DRIVE STE B ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSSALLEM, MADALYN 100 ST AUGUSTINE SOUTH DRIVE STE A ST AUGUSTINE, FL 32086
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05/03/06-80058-012 150.00

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date: \_\_\_\_\_  
Business Phone: \_\_\_\_\_