

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067317

FILED
Jan 31, 2006
Secretary of State

Entity Name: BEACH MEDICAL SPECIALIST, P.A.

Current Principal Place of Business:

10095 BEACH BLVD
SUITE 400
JACKSONVILLE, FL 32216

New Principal Place of Business:

10095 BEACH BLVD
SUITE 400
JACKSONVILLE, FL 32246

Current Mailing Address:

PO BOX 19427
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 77-0631940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD
STE 201 - ST MARK'S PLACE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

DIZON, ALEJANDRO C
10095 BEACH BLVD
STE 400
JACKSONVILLE, FL 32246 US

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: ALEJANDRO DIZON

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIZON, ALEJANDRO C
Address: 10095 BEACH BLVD, STE 400
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIZON, ALEJANDRO C
Address: 10095 BEACH BLVD, STE 400
City-St-Zip: JACKSONVILLE, FL 32246

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: ALEJANDRO DIZON

D

01/31/2006

Electronic Signature of Signing Officer or Director

Date