

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099211

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** PAUL A. MANCUSO, M.D., P.A.

**Current Principal Place of Business:**

2619 FAWNLAKE TRAIL  
ORLANDO, FL 32828

**New Principal Place of Business:**

615 E PRINCETON STREET  
SUITE # 210  
ORLANDO, FL 32803

**Current Mailing Address:**

P.O. BOX 677128  
ORLANDO, FL 328170094

**New Mailing Address:**

**FEI Number:** 20-1313659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANCUSO, PAUL A M.D.  
2619 FAWNLAKE TRAIL  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

MANCUSO, PAUL A M.D.  
615 E PRINCETON STREET  
SUITE #210  
ORLANDO, FL 32803 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: PAUL MANCUSO

04/27/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MANCUSO, PAUL A M.D.  
Address: P.O. BOX 677128  
City-St-Zip: ORLANDO, FL 328170094

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL MANCUSO

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date