2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2006
Secretary of State

DOCUMENT# P04000119980

Entity Name: KEVIN M. STRATHY, M.D., P.A.

Current Principal Place of Business:

8570 BELLE MEADE DR.
FT. MYERS, FL 33908

New Principal Place of Business:

5052 STRAFFORD OAKS DR
SEBRING, FL 33875

Current Mailing Address:

8570 BELLE MEADE DR.
FT. MYERS, FL 33908

New Mailing Address:

5052 STRAFFORD OAKS DR
SEBRING, FL 33875

FEI Number: 20-1590931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD., STE. 320
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: STRATHY, KEVIN M M.D.
Address: 8570 BELLE MEADE DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: STRATHY, KEVIN M M.D.
Address: 5052 STRAFFORD OAKS DR
City-St-Zip: SEBRING, FL 33875

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: KEVIN M STRATHY, MD PSTD 03/12/2006

Electronic Signature of Signing Officer or Director Date