2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

904)41)533 Daylarte Phone #

DOCUMENT # P04000161042 1. Entity Name OLITSKY D.M.D., P.A.			A Right		04-03-2006 90403 016 ***150.00				
Principal Place of Business Mailing Address					7				
464-14TH AVE: SOUTH 464-14TH AVE: SOUTH									
JACKSONVILLE BCH, FL 32250 JACKSONVILLE BCH, FL 32250			32250				5000	8211	
					1 18511881 (1		(8) ((8)8 8)(8) ((8	n es ni e rer e n e r	10) E 00f
Principal Place of Business Mailing Address					 				
236	236 32 d Avenue S. 236 32 d Avenue			5.	1 18811881 11	EB () B & BB EB ÷ BB			
Suite, Apt. #, etc. Suite, Apt. #, etc.					01042006	Chg-P	CR2E0	34 (11/05)	
City & State City & State					4. FEI Numb			1 100	plied For
	sonville Beach FL	JACKSONVILLE	Beach	, FI	20-195			_ ' '	Applicable
		Zip	Country	, ,		of Status Desired		\$8.75 Addi	
30250		37250	USA		<u> </u>			Fee Required	
	6. Name and Address of Current F	lame	7. Name and Address of New Registered Agent						
OLITSKY, JASON S				NGALE					
464-14TH:AVE=SOUTH				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE BCH, FL 32250				201 A C					
				23 <i>6</i>	3200	Avenue .		7:n Code	
				Sack ponville Beach FL 32250					
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 bitle if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND DIRECTORS			1	ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE	PD CUTCUC IACON C	Detete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	OLITSKY, JASON S 464.14TH.AVE, SOUTH		name Street al	DDRESS 236	. 22 nd	۸.,	ς.		
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250			P 7	rsonuelle A	Avenue	20LHA		
TITLE	VSTD	☐ Defete	TITLE	0.50	POCHVIICE D	ence, es	7.2.60	∠ Change	☐ Addition
NAME	OLITSKY, COLLEEN M		NAME	l	- hd		- ,		
STREET ADDRESS				TREET ADDRESS 236 32 ha Avenue South ITY-ST-ZIP Jack-sonville Brack FL 32250					
CITY-ST-ZIP	37 (5) (5) (7) (22 2 5) (1) (2 5 2 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			21P Paci	K-Sonville	Brach, FO	_ 3225		
HILE NAME		Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	•		STREET AL	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE		Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			name Street a	nngeec					
CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						_
STREET ADDRESS			STREET A	I					
CITY-ST-ZIP			CITY-ST-	ZIP				<u> </u>	C Addition
TITLE NAME		· Delete	TITLE NAME	-				☐ Change	☐ Addition
STREET ADDRESS			STREET AL	DORESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
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 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.									

College Olifsky 3/24/02
ED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: