

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-03-2006 90403 016 \*\*\*150.00

**DOCUMENT # P04000161042**



1. Entity Name  
 OLITSKY D.M.D., P.A.

Principal Place of Business  
 464 14TH AVE. SOUTH  
 JACKSONVILLE BCH, FL 32250

Mailing Address  
 464 14TH AVE. SOUTH  
 JACKSONVILLE BCH, FL 32250

**50008211**



2. Principal Place of Business  
 236 32nd Avenue S.  
 Suite, Apt. #, etc.

3. Mailing Address  
 236 32nd Avenue S.  
 Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State  
 Jacksonville Beach, FL  
 Zip 32250 Country USA

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 Jacksonville Beach, FL  
 Zip 32250 Country USA

4. FEI Number 20-1952163 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OLITSKY, JASON S  
 464 14TH AVE. SOUTH  
 JACKSONVILLE BCH, FL 32250

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 236 32nd Avenue South  
 City Jacksonville Beach FL Zip Code 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	PD OLITSKY, JASON S 464 14TH AVE. SOUTH JACKSONVILLE BCH, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OLITSKY, COLLEEN M 464 14TH AVE. SOUTH JACKSONVILLE BCH, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 236 32nd Avenue South Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 236 32nd Avenue South Jacksonville Beach, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Colleen Olitsky 3/27/06 Date 904 241 2538 Daytime Phone #