

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162410

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: DAVID B. SIMMONS, M.D., P.A.

**Current Principal Place of Business:**

40124 HWY 27  
STE 204  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

40124 HWY 27  
STE 204  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 20-1978854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAPLAN, HAROLD E ESQ  
1515 UNIVERSITY DRIVE STE 203  
CORAL SPRINGS, FL 33071 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: D ( ) Delete  
Name: SIMMONS, DAVID B M.D.  
Address: 108 MIRROR LANE NW  
City-St-Zip: WINTER HAVEN, FL 33881

**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: DAVID B. SIMMONS

D

03/08/2006

Electronic Signature of Signing Officer or Director

Date