


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90276 040 \*\*\*150.00

<b>DOCUMENT # P04000164096</b>	
1. Entity Name <b>TIMOTHY E. BELL, D.O., P.A.</b>	

Principal Place of Business <b>23322 FREEPORT AVE. PORT CHARLOTTE, FL 33954</b>	Mailing Address <b>23322 FREEPORT AVE. PORT CHARLOTTE, FL 33954</b>
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2. Principal Place of Business <b>197 Albert Lane</b>	3. Mailing Address <b>197 Albert Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

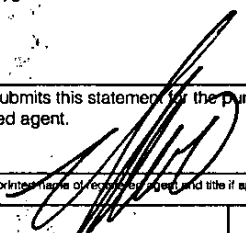
City & State <b>Port Charlotte, FL</b>	City & State <b>Port Charlotte, FL</b>
Zip <b>33954</b>	Country <b>Charlotte</b>
Zip <b>33954</b>	Country <b>Charlotte</b>



01112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>MIKOS, CYNTHIA A ESQ. 2018 E. 4TH AVE. TAMPA, FL 33605-5216</b>		7. Name and Address of New Registered Agent Name <b>Timothy E. Bell, D.O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>197 Albert Lane</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33954</b>	
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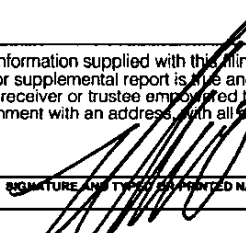
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Timothy E. Bell, D.O. President 1-10-'06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR BELL, TIMOTHY G 23322 FREEPORT AVE PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Timothy E. Bell 197 Albert Ln. Port Charlotte FL 33954 P/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patricia Gail Bell 197 Albert Lane Port Charlotte FL 33954 V/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **Timothy E. Bell, D.O. President 1-10-2006** (941)-629-8879  
Signature, typed or printed name of signing officer or director Date Daytime Phone #