

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169403

FILED  
Aug 29, 2006  
Secretary of State

Entity Name: DONNA C. CONNOLLY, CRNA, PA

## Current Principal Place of Business:

4409 HOFFNER AVENUE  
STE 328  
ORLANDO, FL 32812 US

## New Principal Place of Business:

## Current Mailing Address:

4409 HOFFNER AVENUE  
STE 328  
ORLANDO, FL 32812 US

## New Mailing Address:

FEI Number: 20-2019001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARTMAN, MICHAEL  
312 W. FIRST STREET  
503  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

CONNOLLY II, JOSEPH F  
4409 HOFFNER AVE.  
SUITE 327  
ORLANDO, FL 32812 US

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: JOSEPH F. CONNOLLY, II      08/29/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: CONNOLLY, DONNA C  
Address: 4409 HOFFNER AVE, STE 328  
City-St-Zip: ORLANDO, FL 32812

Title: DIR ( ) Delete  
Name: CONNOLLY, JOSEPH F II  
Address: 4409 HOFFNER AVE, STE 327  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH F. CONNOLLY, II      DIR      08/29/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date