




FILED
May 01, 2006 8:00 am
Secretary of State

50018332

DOCUMENT # P04000170665 1. Entity Name TONIA J. BROUSSEAU, D.O., P.A.				05-01-2006 90430 043 ***150.00	
Principal Place of Business 955 YACHT HARBOR CT JACKSONVILLE, FL 32225		Mailing Address 955 YACHT HARBOR CT JACKSONVILLE, FL 32225		50018332	
2. Principal Place of Business 13120 VIA ROMA CT		3. Mailing Address 13120 VIA ROMA CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006 Chg-P CR2E034 (11/05)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-2062275	
Zip 32224		Country DUNAL		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY, 225 WATER ST STE 1800 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<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:  4/27/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					