

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172082

**FILED**  
**May 02, 2006**  
**Secretary of State**

**Entity Name:** MICHAEL L. YANDEL, M.D.. P.A.

**Current Principal Place of Business:**

129 E. REDSTONE AVENUE, SUITE A  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539

**Current Mailing Address:**

129 E. REDSTONE AVENUE, SUITE A  
CRESTVIEW, FL 32539

**New Mailing Address:**

129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539

**FEI Number:** 20-1790276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YANDEL, MICHAEL L M.D.  
129 E. REDSTONE AVENUE, SUITE A  
CRESTVIEW, FL 32539 US

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

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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: KEVIN M. HELMICH

05/02/2006

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: D ( ) Delete  
Name: YANDEL, MICHAEL L M.D.  
Address: 129 E. REDSTONE AVENUE, SUITE A  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: YANDEL, MICHAEL L M.D.  
Address: 129 EAST REDSTONE AVENUE, SUITE A  
City-St-Zip: CRESTVIEW, FL 32539

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: MICHAEL L. YANDEL, M.D.

DPST

05/02/2006

Electronic Signature of Signing Officer or Director

Date