

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172987

FILED
Mar 24, 2006
Secretary of State

Entity Name: LEHIGH HMA PHYSICIAN MANAGEMENT, INC.

Current Principal Place of Business:

5811 PELICAN BAY BLVD., SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD., SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-2159472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: BARBER, JAMES A
Address: 5811 PELICAN BAY BLVD., SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: PUTTER, JOSHUA S
Address: 809 E. MARION AVE.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPSD () Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: MOGLIA, J. RANDALL
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BARBER, JAMES A
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AST () Change (X) Addition
Name: JAY, ROBERT F
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

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: TIMOTHY R. PARRY

SVD

03/24/2006

Electronic Signature of Signing Officer or Director

_____ Date