

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002526

Entity Name: AARON R. MALLIE, O.D., P.A.

FILED
Mar 30, 2006
Secretary of State

Current Principal Place of Business:

2201 SOUTH OCEAN DRIVE
1901
HOLLYWOOD, FL 33019

Current Mailing Address:

2201 SOUTH OCEAN DRIVE
1901
HOLLYWOOD, FL 33019

New Principal Place of Business:

701 N. CONGRESS AVE
#2
BOYNTON BEACH, FL 33435

New Mailing Address:

6677 COUNTRY WINDS CV
LAKE WORTH, FL 33463

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

Name and Address of Current Registered Agent:

MALLIE, AARON R
2201 SOUTH OCEAN DRIVE
1901
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

MALLIE, AARON R
701 N CONGRESS AVE
#2
BOYNTON BEACH, FL 33435 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: AARON R MALLIE

03/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MALLIE, AARON R
Address: 2201 SOUTH OCEAN DRIVE # 1901
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MALLIE, AARON R
Address: 6677 COUNTRY WINDS CV
City-St-Zip: LAKE WORTH, FL 33463

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: AARON R MALLIE

PRES

03/30/2006

Electronic Signature of Signing Officer or Director

Date