2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P05000021447

Entity Name: WILLIAM B. HENGHOLD, M.D., P.A.

Current Principal Place of Business:

540 FONTAINE STREET
PENSACOLA, FLORIDA, 32503 US

New Principal Place of Business:

540 FONTAINE STREET
PENSACOLA, FL 32503 US

Current Mailing Address:

540 FONTAINE STREET
PENSACOLA, FLORIDA, 32503 US

New Mailing Address:

540 FONTAINE STREET
PENSACOLA,, FL 32503 US

FEI Number: 20-2339667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENGHOLD, WILLIAM B M.D.
540 FONTAINE STREET
PENSACOLA, FL 32503 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: P ( ) Delete
Name: HENGHOLD, WILLIAM B M.D.
Address: 504 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HENGHOLD, WILLIAM B MD,PA
Address: 504 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: T ( ) Change (X) Addition
Name: WILLIAM, HENGHOLD B MD,PA
Address: 540 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503 US

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: WILLIAM B. HENGHOLD, M.D,P.A. P 04/05/2006

Electronic Signature of Signing Officer or Director Date