2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# P05000024168

Entity Name: CENTRAL FLORIDA MEDICAL RESEARCH, INC.

Current Principal Place of Business:

521 W. SR 434
SUITE 301
LONGWOOD, FL 32750 US

New Principal Place of Business:

210 RINEHART ROAD
SUITE 1000
LAKE MARY, FL 32746 US

Current Mailing Address:

521 W. SR 434
SUITE 301
LONGWOOD, FL 32750 US

New Mailing Address:

210 RINEHART ROAD
SUITE 1000
LAKE MARY, FL 32746 US

FEI Number: 06-1740759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: FRIEDMAN, MICHAEL D MD
Address: 521 W. SR 434, SUITE 301
City-St-Zip: LONGWOOD, FL 32750 US

Title: D ( ) Delete
Name: WITTEN, CHARLES N MD
Address: 521 W. SR 434, SUITE 301
City-St-Zip: LONGWOOD, FL 32750 US

Title: D ( ) Delete
Name: CANGIANO, THOMAS G MD
Address: 521 W. SR 434, SUITE 301
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FRIEDMAN, MICHAEL D MD
Address: 210 RINEHART ROAD, SUITE 1000
City-St-Zip: LAKE MARY, FL 32746 US

Title: D (X) Change ( ) Addition
Name: WITTEN, CHARLES N MD
Address: 210 RINEHART ROAD, SUITE 1000
City-St-Zip: LAKE MARY, FL 32746 US

Title: D (X) Change ( ) Addition
Name: CANGIANO, THOMAS G MD
Address: 210 RINEHART ROAD, SUITE 1000
City-St-Zip: LAKE MARY, FL 32746 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: CHARLES N. WITTEN MD D 02/08/2006
Electronic Signature of Signing Officer or Director Date