2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046969

Entity Name: C. COUTS, MD, PA

FILED Jan 09, 2006 Secretary of State

3711 FALLSCREST CIR 3261 U.S.HWY. 27 / 441 SUITE C-2 CLERMONT, FL 347115089

FRUITLAND PARK, FL 34731

Current Mailing Address: New Mailing Address:

3711 FALLSCREST CIR 3261 U.S.HWY. 27 / 441 CLERMONT, FL 347115089

SUITE C-2

FRUITLAND PARK, FL 34731

FEI Number: 20-2509149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RICHARDSON, FREDRICK 3711 FALLSCREST CIR CLERMONT, FL 347115089 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP CFOP () Delete Title: (X) Change () Addition

COUTS, CAROL A Name: COUTS, CAROL A Name: 3711 FALLSCREST CIR 3815 FALLSCREST CIR Address: Address: City-St-Zip: CLERMONT, FL 347115089 City-St-Zip: CLERMONT, FL 347115089

Title: VC () Delete Title: VC (X) Change () Addition

Name: COUTS, THOMAS E Name: COUTS, THOMAS E 3711 FALLSCREST CIR 3815 FALLSCREST CIR Address: Address: CLERMONT, FL 347115089 CLERMONT, FL 347115089 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

RICHARDSON, MARGARET M Name: Name: 3711 FALLSCREST CIR Address: Address: City-St-Zip: CLERMONT, FL 347115089 City-St-Zip:

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: THOMAS E. COUTS VC 01/09/2006