2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006
Secretary of State

DOCUMENT# P05000049588

Entity Name: STEPHANIE SWOPE M.D., P.A.

Current Principal Place of Business:

2673 DANIELLE DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2673 DANIELLE DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-2624640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEPPLER, THOMAS ESQ.
1420 ALAFAYA TRAIL STE 101
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

PEPPLER, THOMAS
1420 ALAFAYA TRAIL STE 101
OVIEDO, FL 32765 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: THOMAS PEPPLER, ESQ 08/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: SWOPE, STEPHANIE M.D.
Address: 2673 DANIELLE DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: STEPHANIE SWOPE DPTS 08/28/2006
Electronic Signature of Signing Officer or Director Date