

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

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03152006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000059031 1. Entity Name FLORIDA BIOMEDICAL ASSOCIATES, INC.					
Principal Place of Business 6515 LA MIRADA DRIVE W JACKSONVILLE, FL 32217			Mailing Address 6515 LA MIRADA DRIVE W JACKSONVILLE, FL 32217		
2. Principal Place of Business 6653 Powers Ave.		3. Mailing Address 6653 Powers Ave.			
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc. Suite 10			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 26-0112753	
Zip 32217		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CULPEPPER, SHARON 6515 LA MIRADA DRIVE W JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULPEPPER, SHARON <input type="checkbox"/> Delete 6515 LA MIRADA DRIVE W JACKSONVILLE, FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Culpepper, Sharon 6653 Powers Ave., Ste 10 Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete CULPEPPER, RICKY 6515 LA MIRADA DRIVE W JACKSONVILLE, FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Culpepper, Ricky 6653 Powers Ave., Ste 10 Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DUNNAM, ERIKA 5635 INTERNATIONAL DRIVE JACKSONVILLE, FL 32219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sharon Culpepper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>04-27-06</i> <i>804-502-8713</i> <small>Date Daytime Phone #</small>		