


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 046 ***158.75

DOCUMENT # P05000063793	
1. Entity Name ERIC E. JONES, CRNA, P.A.	

Principal Place of Business 1435 NOTTINGHAM STREET ORLANDO FL 32803	Mailing Address 1435 NOTTINGHAM STREET ORLANDO FL 32803
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2. Principal Place of Business 1435 Nottingham St	3. Mailing Address 1435 Nottingham St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Orlando FL	City & State Orlando FL	4. FEI Number 20-2785445	Applied For <input type="checkbox"/> Not Applicable
Zip 32803	Country United States	Zip 32803	Country United States
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent JONES, ERIC E 1435 NOTTINGHAM STREET ORLANDO FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Eric E. Jones* DATE 5/25/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D President	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JONES, ERIC E		NAME	
STREET ADDRESS 1435 NOTTINGHAM STREET		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Deanne Fernandez-Jones		NAME	
STREET ADDRESS 1435 Nottingham St		STREET ADDRESS	
CITY-ST-ZIP Orlando FL 32803		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eric E. Jones* DATE 5/25/06 DAYTIME PHONE # 407 721-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR