

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065376

FILED
Jan 03, 2006
Secretary of State

Entity Name: DIOGENES F. DUARTE, M.D., P.A.

Current Principal Place of Business:

334 S.W. COMMERCE DRIVE
SUITE 1
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

334 S.W. COMMERCE DRIVE
SUITE 1
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 41-2174969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE, THERESA A
2258 N.W. 72ND TERRACE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

DUARTE, THERESA A
212 NW LAKE VALLEY TERRACE
LAKE CITY, FL 32055 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:

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DUARTE, DIOGENES F MD
Address: 2258 NW 72ND TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete
Name: DUARTE, DIOGENES F MD
Address: 2258 NW 72ND TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DUARTE, DIOGENES F MD
Address: 212 NW LAKE VALLEY TERRACE
City-St-Zip: LAKE CITY, FL 32055

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: DIOGENES F. DUARTE M.D.

PVST

01/03/2006

Electronic Signature of Signing Officer or Director

Date