2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State DCCUMENT # P05000072326 04-27-2006 90167 023 ***150.00 ENRIQUE SAGUIL, M.D., P.A. Principal Place of Business Mailing Address 40065454 1936 LEE ROAD STE 101 1936 LEE ROAD STE 101 WINTER PARK, FL 32789 WINTER PARK, FL 32789 3. Mailing Address . Wymore Road 2. Principal Place of Business 450 N. Wymore Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-P CR2E034 (11/05) 4. FEI Number CitWinter Park Applied For City & State Winter Park Florida Florida Not Applicable ^{Zip} 32<u>789</u> ^{Zip} 32789 Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name W&P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1936 LEE ROAD STE 101 WINTER PARK, FL 32789 450 N. Wymore Road City Winter Park 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D (2) Change Addition TITLE ☐ Delete TITLE NAME SAGUIL, ENRIQUE M.D. NAME 450 N. Wymore Road Winter Park, Fl 32789 1936 LEE ROAD STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NALIE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 life empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF NG OFFICER OR DIRECTOR

Daytime Phone #

FILED



ATTACHMENT

TRADITIONAL LEGAL SERVICES COMMON SENSE APPROACH

#102000072326

40065454

Dawn Bachan-Muckunlall

Paralegal

E-mail: dmuckunlall@wplawyers.com

April 24, 2006

Via Certified Mail - RRR

Uniform Business Report Filings Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Enrique Saguil, M.D. / 2006 Uniform Business Report

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced corporation. Also enclosed is check #1589 in the amount of \$150.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall

Paralegal

Enclosures