2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2006
Secretary of State

DOCUMENT# P05000088002

Entity Name: THOMAS J. SCHVEHLA, M.D., P.A.

Current Principal Place of Business:

PO BOX 740260
BOYNTON BEACH, FL 334740260

New Principal Place of Business:

1230 SOUTH FEDERAL HIGHWAY
SUITE 102
BOYNTON BEACH, FL 33435

Current Mailing Address:

PO BOX 740260
BOYNTON BEACH, FL 334740260

New Mailing Address:

FEI Number: 20-3123040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMBERG, JEFF
626 SE 4TH ST
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHVEHLA, THOMAS J MD
Address: PO BOX 740260
City-St-Zip: BOYNTON BEACH, FL 334740260

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SCHVEHLA, THOMAS J MD
Address: PO BOX 740260
City-St-Zip: BOYNTON BEACH, FL 334740260

Title: VS ( ) Change (X) Addition
Name: KAYE, LORI-NAN
Address: P.O. BOX 740260
City-St-Zip: BOYNTON BEACH, FL 334730260

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: THOMAS J. SCHVEHLA, M.D. P 07/08/2006

Electronic Signature of Signing Officer or Director Date