

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095846

FILED
Apr 18, 2006
Secretary of State

Entity Name: AUSTIN WM. COLEMAN, D.O., P.A.

Current Principal Place of Business:

10661 AIRPORT PULLING RD SUITE 12
NAPLES, FL 34109

New Principal Place of Business:

10661 AIRPORT PULLING RD
SUITE 12
NAPLES, FL 34109

Current Mailing Address:

10661 AIRPORT PULLING RD SUITE 12
NAPLES, FL 34109

New Mailing Address:

10661 AIRPORT PULLING RD
SUITE 12
NAPLES, FL 34109

FEI Number: 20-3122333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLEMAN, AUSTIN W
10661 AIRPORT PULLING RD SUITE 12
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

COLEMAN, AUSTIN W
10661 AIRPORT PULLING RD
SUITE 12
NAPLES, FL 34109 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: AUSTIN COLEMAN, DO

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLEMAN, AUSTIN W
Address: 10661 AIRPORT PULLING RD SUITE 12
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: COLEMAN, AUSTIN W
Address: 10661 AIRPORT PULLING RD SUITE 12
City-St-Zip: NAPLES, FL 34109

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: AUSTIN COLEMAN

DR.

04/18/2006

Electronic Signature of Signing Officer or Director

Date