2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122779

City-St-Zip:

LEESBURG, FL 34748

Entity Name: ANGEL E TAFUR, MD, P.A.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10969 SE 175TH PLACE SUMMERFIELD, FL 34491 **Current Mailing Address: New Mailing Address:** 2293 WEATHERED WOOD DRIVE LEESBURG, FL 34748 FEI Number: 20-3430034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAFUR, ANGEL E 2293 WEATHERED WOOD DRIVE LEESBURG, FL 34748 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TAFUR, ANGEL E Name: Name: 2293 WEATHERED DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: () Delete Title: VP,T Title: () Change () Addition Name: TAFUR, ANGEL E Name: 2293 WEATHERED DRIVE Address: Address: LEESBURG, FL 34748 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition TAFUR, ANGEL E Name: Name: 2293 WEATHERED DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: ANGEL TAFUR P,D 05/01/2006