## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124264

Entity Name: ISAAC TALMACIU, M.D., P.A.

**FILED** Feb 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4101 S HOSPITAL DRIVE SUITE 8 4101 S HOSPITAL DRIVE PLANTATION, FL 33317

SUITE #8

PLANTATION, FL 33317

**Current Mailing Address: New Mailing Address:** 

4101 S HOSPITAL DRIVE SUITE 8 4101 S HOSPITAL DRIVE PLANTATION, FL 33317 SUITE #8

PLANTATION, FL 33317

FEI Number: 20-3445251 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:

TALMACIU, ISAAC 4101 S HOSPITAL DRIVE SUITE 8 PLANTATION, FL 33317

TALMACIU, ISAAC 4101 S HOSPITAL DRIVE SUITE #8 PLANTATION, FL 33317 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: 02/25/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition ( ) Delete

TALMACIU, ISAAC Name: 4101 S HOSPITAL DRIVE SUITE 8 Address: PLANTATION, FL 33317 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.

Ρ SIGNATURE: ISAAC TALMACIU 02/25/2006