

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90284 033 \*\*\*150.00

<b>DOCUMENT # P05000142707</b>					
<b>1. Entity Name</b> JOHN A. SISTI, O.D., P.A.					
<b>Principal Place of Business</b> 163 SOUTH TAMiami TRAIL OSPREY, FL 34229 US			<b>Mailing Address</b> 163 SOUTH TAMiami TRAIL OSPREY, FL 34229 US		
<b>2. Principal Place of Business</b> 13140 Tamiami Trail Suite, Apt. #, etc.		<b>3. Mailing Address</b> 13140 Tamiami Trail Suite, Apt. #, etc.			
<b>City &amp; State</b> Osprey, FL Zip: 34229 Country: US		<b>City &amp; State</b> Osprey, FL Zip: 34229 Country: US		<b>4. FEI Number</b> 03312006 Chg-P CR2E034 (11/05) 20-3647347	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SISTI, JOHN A 163 SOUTH TAMiami TRAIL OSPREY, FL 34229			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number Is Not Acceptable): _____ 13140 Tamiami Trail City: Osprey FL Zip Code: 34229		
<b>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 the obligations of registered agent.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: SISTI, JOHN A STREET ADDRESS: 163 SOUTH TAMiami TRAIL CITY-ST-ZIP: OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 13140 Tamiami Trail STREET ADDRESS: Osprey, FL 34229 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.</b>					
<b>SIGNATURE:</b> <i>John Sisti OD</i> <b>John Sisti, OD.</b> <b>4/7/06</b> <b>941-966-5489</b>					