

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-02-2006 90233 017 ***150.00

DOCUMENT # P05000143352			
1. Entity Name ARCADIA MEDICAL ASSOCIATES, PA			
Principal Place of Business 1307B SW KINGSWAY CIRCLE LAKE SUZY, FL 34269		Mailing Address 1307B SW KINGSWAY CIRCLE LAKE SUZY, FL 34269	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent AMES, ANDREW T CPA, CFP 128 WEST OAK STREET ARCADIA, FL 34268		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when completing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS WAEI, ALOKEH OR 1307B SW KINGSWAY CIRCLE LAKE SUZY, FL 34269	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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.			
SIGNATURE: <u><i>Andrew T. Ames</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4127106 863993-2966 Date Expiration Expires	

66020393



04272006 Cfp-P CR2E034 (11/05)

4. FEI Number **20-3713889** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**