

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156859

FILED
Apr 28, 2006
Secretary of State

Entity Name: RICHARD DOUYON, M.D., P.A.

Current Principal Place of Business:

17913 NW 7TH STREET
SUITE 103
PEMBROKE PINES, FL 33029

Current Mailing Address:

17913 NW 7TH STREET
SUITE 103
PEMBROKE PINES, FL 33029

New Principal Place of Business:

17913 NW 7TH STREET
SUITE 104
PEMBROKE PINES, FL 33029

New Mailing Address:

17913 NW 7TH STREET
SUITE 104
PEMBROKE PINES, FL 33029

FEI Number: 65-0754724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE ESQ.
LAW OFFICES OF LOUISE T. JEROSLOW
6075 SUNSET DRIVE, SUITE 201
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

DOUYON, RICHARD MD
RICHARD DOUYON MD PA
17913 NW 7TH STREET, SUITE 104
PEMBROKE PINES, FL 33029 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: RICHARD DOUYON MD PA

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOUYON, RICHARD MD
Address: 17913 NW 7TH STREET, SUITE 103
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOUYON, RICHARD MD
Address: 17913 NW 7TH STREET, SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

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: RICHARD DOUYON MD PA

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date