2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006
Secretary of State

DOCUMENT# P05000164705

Entity Name: ROBERT M. HOMER, M.D., P.A.

Current Principal Place of Business:

2121 NORTH OCEAN BLVD.
APT. #405W
BOCA RATON, FL 33431 US

New Principal Place of Business:

500 NE SPANISH RIVER BOULEVARD
SUITE 102
BOCA RATON, FL 33431 US

Current Mailing Address:

2121 NORTH OCEAN BLVD.
APT. #405W
BOCA RATON, FL 33431

New Mailing Address:

500 NE SPANISH RIVER BOULEVARD
SUITE 102
BOCA RATON, FL 33431

FEI Number: 20-4155625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOMER, ROBERT M
2121 NORTH OCEAN BLVD.
APT. # 405W
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HOMER, ROBERT M
500 NE SPANISH RIVER BOULEVARD
SUITE 102
BOCA RATON, FL 33431 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: ROBERT M. HOMER 06/15/2006
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:

Title: P ( ) Delete
Name: HOMER, ROBERT M
Address: 2121 NORTH OCEAN BLVD. APT. # 405 W
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: HOMER, ROBERT M
Address: 500 NE SPANISH RIVER BOULEVARD, SUITE 102
City-St-Zip: BOCA RATON, FL 33431 US

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: ROBERT M. HOMER DPS 06/15/2006
Electronic Signature of Signing Officer or Director Date