

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024706

**FILED**  
**Jan 17, 2006**  
**Secretary of State**

**Entity Name:** TARPON SPRINGS MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Mailing Address:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**FEI Number:** 59-3089120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLAU, ARON M.D.  
3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

SCHLAU, ARON M.D.  
3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684 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: ARON SCHLAU

01/17/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: SCHLAU, ARON M.D.  
Address: 3820 TAMPA ROAD, SUITE 102  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGR (X) Change ( ) Addition  
Name: SCHLAU, ARON M.D.  
Address: 3820 TAMPA ROAD, SUITE 202  
City-St-Zip: PALM HARBOR, FL 34684

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: ARON SCHLAU

MGR

01/17/2006

Electronic Signature of Signing Officer or Director

Date