


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000039446 1. Entity Name BEVERIDGE MEDICAL ASSOCIATES, INC.	
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Principal Place of Business 6 HIGHWOOD RIDGE TRAIL OFFICE #2 ORMOND BEACH FL 32174 US	Mailing Address P.O. BOX 730368 OFFICE #2 ORMOND BEACH FL 32173 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3187168	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEVERIDGE, BRAD L 6 HIGHWOOD RIDGE TRAIL ORMOND BEACH FL 32174	
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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD BEVERIDGE, BRAD L	<input type="checkbox"/>
STREET ADDRESS	6 HIGHWOOD RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE NAME	STD BEVERIDGE, CHERYL M	<input type="checkbox"/>
STREET ADDRESS	6 HIGHWOOD RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	U00000419914		
STREET ADDRESS	02/15/06-80024-016		150.00
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cheryl M. Beveridge* **Cheryl M. Beveridge** 1-30-06 **380 613-8385**