

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000061553					
1. Entity Name PROSTHETIC CENTER OF PASCO, INC.					
Principal Place of Business 5950 HIGH STREET NEW PORT RICHEY, FL 34652			Mailing Address 5950 HIGH STREET NEW PORT RICHEY, FL 34652		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232008 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3199083				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCULLOUGH, PAUL D 5950 HIGH STREET NEW PORT RICHEY, FL 34652			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 reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 1, 2006 Fee will be \$550.00			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	D MCCULLOUGH, PAUL D 5950 HIGH STREET NEW PORT RICHEY, FL 34652	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000412055 02/10/06-80029-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, SHARON 5950 HIGH STREET NEW PORT RICHEY, FL 34652	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Sharon McCullagh V.P.</i>			1-26-06 846-8124		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		