

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071007

FILED
Apr 17, 2006
Secretary of State

Entity Name: CRAIG W. ENGLUND, M.D., P.A.

Current Principal Place of Business:

770 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

770 SE FIFTH TERRACE
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3208438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLUND, CRAIG W
770 SE FIFTH TERRACE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: ENGLUND, CRAIG W.
Address: 770 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: ENGLUND, CRAIG W OWNER
Address: 770 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: RMM () Change (X) Addition
Name: HIGHTOWER, CHRIS MANAGER
Address: 770 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

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: CHRIS HIGHTOWER

RMM

04/17/2006

Electronic Signature of Signing Officer or Director

Date