

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90120 019 \*\*\*150.00

**DOCUMENT # P93000083422**

1. Entity Name  
**DANIEL W. BLUE M.D., P.A.**



Principal Place of Business  
**310 HAMLIN AVENUE  
SATELLITE BEACH, FL 32937**

Mailing Address  
**310 HAMLIN AVENUE  
SATELLITE BEACH, FL 32937**

**66011970**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3215681**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BURKE, MATTHEW T CPA  
503 N. ORLANDO AVENUE  
SUITE 106  
COCOA BEACH, FL 32931**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
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**

TITLE PD  
NAME BLUE, DANIEL W  
STREET ADDRESS 310 HAMLIN AVE  
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VPD  
NAME BLUE, GLENDA J  
STREET ADDRESS 310 HAMLIN AVE  
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Daniel Blue M.D. PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

321-773-3288

Daytime Phone #