


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000088406**  
 1. Entity Name  
**EDWIN N. ANGUAS, O.D., P.A.**



Principal Place of Business      Mailing Address  
**28 BLANDING BLVD**      **28 BLANDING BLVD**  
**ORANGE PARK FL 32073**      **ORANGE PARK FL 32073**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**ANGUAS, EDWIN N**  
**28 BLANDING BLVD**  
**ORANGE PARK FL 32073**

4. FEI Number      Applied For  
**59-3224545**      Not Applicable

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

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      DATE  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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.       **\$5.00** May be Added to Fees

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | ANGUAS, EDWIN N                   | NAME  |  |
| STREET ADDRESS             | 28 BLANDING BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | ORANGE PARK FL 32073              | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | 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: Edwin N. Anguas OWNER 4/21/06 804-264-578