


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000005257  
 1. Entity Name  
 GUILLERMO ABESADA-TERK, JR. M.D., P.A.



|  |  |
|--|--|
| Principal Place of Business<br>501 E. OSCEOLA STREET<br>SUITE 300<br>STUART, FL 34994 US | Mailing Address<br>501 E. OSCEOLA STREET<br>SUITE 300<br>STUART, FL 34994 US |
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07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0461041                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 SCHLICHTING, NANCY R  
 777 S FLAGLER DRIVE  
 SUITE 900  
 WEST PALM BEACH, FL 33401

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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.  
 000000569731  
 07/13/06-80001-004 150.00

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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTD<br>ABESADA-TERK, GUILLERMO JR<br>501 E. OSCEOLA STREET, SUITE 300<br>STUART, FL 34994 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTD<br>ABESADA-TERK, CHRISTINE M<br>501 E. OSCEOLA STREET SUITE 300<br>STUART, FL 34994   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  Date: 7/13/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR