2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000008851

1. Entity Name
ROBERT C. BIANCO, M.D. P.A.

Principal Place of Business	Mailing Address
14 OFFICE PARK DR SUITE 1 PALM COAST, FL 32137 US	14 OFFICE PARK DRIVE SUITE 1 PALM COAST, FL 32137 US

02272006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3228793		Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIANCO, ROBERT C
3 LAUREL OAK PLACE
PALM COAST, FL 32137

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered agent signature required when reinstating)   DATE 3-6-06

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

U00000505626
04/26/06-80125-006 158.75

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BIANCO, ROBERT C
STREET ADDRESS	3 LAUREL OAK PLACE
CITY-ST-ZIP	PALM COAST, FL

TITLE	ST
NAME	BIANCO, PAMELA
STREET ADDRESS	3 LAUREL OAK
CITY-ST-ZIP	PALM COAST, FL

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: _____ (Pamela J Bianco) 3/6/06 446-2305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #