

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000034511		
1. Entity Name RICHARD A. CONROY, M.D., P.A.		
Principal Place of Business 1299 JACARANDA BOULEVARD VENICE, FL 34292		Mailing Address 1299 JACARANDA BOULEVARD VENICE, FL 34292
DO NOT WRITE IN THIS SPACE		
04202005 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0488700 Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONROY, RICHARD A 1299 JACARANDA BOULEVARD VENICE, FL 34292		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 _____		
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		X U000000524823 05/04/06-80006-001 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, RICHARD A 1299 JACARANDA BOULEVARD VENICE, FL 34292	
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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 empowerments.		
SIGNATURE: <u>Richard A Conroy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-20-06</u> Daytime Phone # <u>941-493-9393</u>