2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # P94000084558 1. Entity Name GARY M. ONIK, MD, PA					•	05-03-2006	90229 017	***150	0.00
	ce of Business ELAND CIRCLE FL 32819	Mailing Address 5119 KEENELAND CIRCL ORLANDO, FL 32819	E		4(082143			
2. Principal 7304 Suite, Ap	Place of Business SRAMHTEL Dr. t. #, etc.	3. Mailing Address 1305 BVC Suite, Apt. #, etc.	anchtre	2 D	03222006	Chg-P	CR2E034 (#: #III # I I	
City & Sta OY A Zip 37_8	ate and FL Country	City & State Or lando	Country		 FEI Number 59-3276 Certificate of the second s			\vdash	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New R	egistered Agen	t	
ONIK, GARY M				Name Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32819						1 E 000	 .		
			City					7in Codo	
The above named entity supplies this statement for the purpose of changing its register.									
8. The abov	e named entity subplits this statement for ations of register engineers.	the purpose of changing its re	egistered office or	registere	ed agent, or both	, in the State of Flo	rida. I am famili	iar with, a	and accept
SIGNATURE	X Mus hu	X				3	122/04	<i></i>	
	Signature, typed or printed name or registered agent a	nd little (NOTE: F	Registored Agent signati	ure required v	when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.									
	OFFICERS AND I	PIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIR		IN 11
TITLE	P	P/RECTORS Defete	TITLE	P.	u С.			ECTORS Change	IN 11
TITLE NAME STREET ADDRESS	P ONIK, GARY			Oni	K, Gar	`4 ,	×		
NAME	P ONIK, GARY		TITLE NAME	Oni 730	K, Gar 15 Bra	ig nchtree	×		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ONIK, GARY 5119 KEENELAND CIRCLE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Oni 730	K, Gar	ig nchtree	Dr. 835		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 835	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 835	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 8355 □	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 8355 □	Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 8355 □	Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 8355 □	Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 8355 □	Change Change Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 8355 □	Change Change Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 835	Change Change Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 835	Change Change Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Oni 730	K, Gar 15 Bra	ig nchtree	Dr. 835	Change Change Change	Addition Addition Addition
NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS SIREEI ADDRESS	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Oni 730	K, Gar 15 Bra	ig nchtree	br. 835	Change Change Change	Addition Addition Addition
NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Oni 730	K, Gar 15 Bra	ig nchtree	br. 835	Change Change Change Change	Addition Addition Addition
NAME SIREEI ADDRESS CITY-ST-ZIP TITLE	P ONIK, GARY 5119 KEENELAND CIRCLE ORLANDO, FL 32819	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Oni 730	K, Gar 15 Bra	ig nchtree	br. 835	Change Change Change Change	Addition Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 eath; that I am an officer or director of the corporation or the receiver or trueto 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 accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accurate and the exemptions contained in Chapter 119. Florida Statutes. I turther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trueto 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 a process of the corporation or the receiver or trueto 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 a process of the corporation or the receiver of the corporation or the receiver or trueto empowered to execute the corporation or the receiver or trueto empowered to execute this report as the corporation or the receiver or trueto empowered to execute the exemptions of the corporation or the receiver or trueto empowered to execute the exemptions of the corporation or the receiver or trueto execute the exemptions of the exemption of the corporation or the receiver or trueto execute the exemption of the exemption

SIGNATURE:

SIGNATURE

Daytime Phone #