



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000087671 1. Entity Name PAUL A. SPORN M.D. P.A.			
Principal Place of Business 7001 NORTH DALE MABRY HIGHWAY SUITE 10 TAMPA, FL 33614 US		Mailing Address 7001 NORTH DALE MABRY HIGHWAY SUITE 10 TAMPA, FL 33614 US	
DO NOT WRITE IN THIS SPACE			
			
		01052006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3279638		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPORN, PAUL A 7001 N DALE MABRY STE 10 TAMPA, FL 33614		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SPORN, PAUL A		
STREET ADDRESS	7001 NORTH DALE MABRY HIGHWAY, SUITE 10		
CITY-ST-ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 an other like empowered.			
SIGNATURE: <u>Paul A. Sporn, MD</u>		Date: <u>1-5-06</u> 813-935-8998	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone if</small>	