2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 08:00 AM Secretary of State

DOCUMENT # P9500005834 1. Entity Name JANET W. BEHNKE, P.A.					,	
Principal Place of Business Mailing Address 500 NE EIGHTH AVE PO BOX 1237 OCALA, FL 34470 OCALA, FL 34478-1237				1 1883 1884	E (CIREN BUNG BENG BENG BENG DENK DENKE DENKE DUNGBRUNDE NIKA DERKEDI AN DERKEDI AN DER	
DO NOT WRITE IN THIS SPACE				01052008 No Chg-P CR2E034 (11/05) 4. FE) Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
OCALA, FI	GHTH AVE L 34470 =		DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the patients of registered agent. Signature, Apped or pointed name of registered agent and title		ed affice ar registe o Agent signature require		oth, in the State of Florida. I am familiar with, and according to the State of Florida. OATE	iqe
FILE NOWNI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 3. Election Campaign Finant Trust Fund Contribution.			noing \$5	5.00 May Be ded to Fees		
tû.	OFFICERS AND DIREC	CTORS	}			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BEHNKE, JANET W 500 NE EIGHTH AVE OCALA, FL 34470	-				
TAPLE NAME STREET ADDRESS CATY-ST-ZIP					U000004703 7 1 03/28/06-80011 -009 1 50.0 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	_			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
12. I hereby indicated	certify that the information supplied with this fill on this report or supplemental report is true a portation or trieffection or trieffective of trustee empowered	iling does not qualify for the example accurate and that my signal to execute this report as semi-	emptions containe ture shall have the red by Chapter 60	ed in Chapter 11: same legal effe 17, Florida Statute	9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or direct es; and that my name appears in Block 10 or Block 1	in tor