

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000040296

1. Entity Name
MEDICAL AND GERIATRIC ASSOCIATES, P.A.



Principal Place of Business
**911 N. CENTRAL AVENUE
KISSIMMEE, FL 34741**

Mailing Address
**911 N. CENTRAL AVENUE
KISSIMMEE, FL 34741**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3328509 Applied For
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

**SOBRINO, MARIO R.M.D.
911 N. CENTRAL AVENUE
KISSIMMEE, FL 34741**

**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 reappointing)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SOBRINO, MARIO R.M.D.
911 N. CENTRAL AVENUE
KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

1100000473530
03/31/06-80021-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/06