2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# P96000011251

Entity Name: EMILE C. COMMEDORE, M.D., P.A.

Current Principal Place of Business:

4700 N. HABANA AVE.
SUITE 401
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 151805
TAMPA, FL 336841805 US

New Mailing Address:

FEI Number: 59-3350578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMEDORE, EMILE C. M
4730 N. HABANA AVE
STE 300
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

COMMEDORE, EMILE C.
4700 N. HABANA AVE
STE 401
TAMPA, FL 33614 US

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.

SIGNATURE: EMILE C. COMMEDORE 02/14/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COMMEDORE, EMILE C
Address: 4700 N. HABANA AVE SUITE 401
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILE C. COMMEDORE D 02/14/2006
Electronic Signature of Signing Officer or Director Date