


# 2006-FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90067 041 \*\*\*150.00

DOCUMENT # P96000051845	
1. Entity Name DAVID BLYWEISS, M.D., P.A.	

Principal Place of Business 100 SE 15 AV FORT LAUDERDALE, FL 33301 US	Mailing Address 2655 GULFSTREAM LANE FORT LAUDERDALE, FL 33312 US
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0858994	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  BLYWEISS, DAVID 2655 GULFSTREAM LANE FORT LAUDERDALE, FL 33312
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**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 <i>Terry Santini</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>2/2/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. BLYWEISS, DAVID 2655 GULFSTREAM LANE FORT LAUDERDALE, FL 33312
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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 <i>David Blyweiss</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>1/6/06</i> DAYTIME PHONE # <i>(954) 661-3456</i>