

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053232

FILED
Aug 14, 2006
Secretary of State

Entity Name: ANTHONY SHYDOHUB, M.D., P.A.

Current Principal Place of Business:

6801 U.S. HWY 27 NORTH
B-3
SEBRING, FL 33870 US

New Principal Place of Business:

4850 SUN N LAKE BLVD.
SEBRING, FL 33872 US

Current Mailing Address:

6801 U.S. HWY 27 NORTH
B-3
SEBRING, FL 33870 US

New Mailing Address:

4850 SUN N LAKE BLVD.
SEBRING, FL 33872 US

FEI Number: 59-3395343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHYDOHUB, ANTHONY MD,PA
6801 U.S. HWY 27 NORTH
SUITE B-3
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

SHYDOHUB, ANTHONY MD,PA
4850 SUN N LAKE BLVD
SEBRING, FL 33872 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:

08/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHYDOHUB, ANTHONY MD, PA
Address: 6801 US 27 NORTH, SUITE B-3
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHYDOHUB, ANTHONY MD, PA
Address: 4850 SUN N LAKE BLVD.
City-St-Zip: SEBRING, FL 33872

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: ANTHONY SHYDOHUB, M.D.

P

08/14/2006

Electronic Signature of Signing Officer or Director

Date