2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# P96000067673

Entity Name: JOSEPH L. SINDONE, D.P.M., P.A.

Current Principal Place of Business:

1302 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

New Principal Place of Business:

8223 HEDGEWOOD DR
JACKSONVILLE, FL 32216

Current Mailing Address:

1302 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

New Mailing Address:

8223 HEDGEWOOD DR.
JACKSONVILLE, FL 32216

FEI Number: 59-2815764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINDONE, JOSEPH L D.P.M.
1302 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

SINDONE, JOSEPH L D.P.M.
8223 HEDGEWOOD DR
JACKSONVILLE, FL 32216 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: JOSEPH SINDONE DPM 04/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SINDONE, JOSEPH L
Address: 1302 NORTH LAWNWOOD CIRCLE
City-St-Zip: FT. PIERCE, FL 34950

Title: MRS ( ) Delete
Name: SINDONE, MARLENE K
Address: 1302 NORTH LAWNWOOD CIRCLE
City-St-Zip: FT.PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SINDONE, JOSEPH L
Address: 8223 HEDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: MRS (X) Change ( ) Addition
Name: SINDONE, MARLENE K
Address: 8223 HEDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32216

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: JOSEPH SINDONE DPM DR 04/11/2006
Electronic Signature of Signing Officer or Director Date