2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P96000072886

Entity Name: PHYSICIAN ASSISTANTS, INC.

Current Principal Place of Business:

2704 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

2704 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-3397149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESSARD, THERESA
2704 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LESSARD, THERESA
Address: 311 NEBRASKA AVE
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LESSARD, THERESA
Address: 2704 JOHN ANDERSOND DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

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: THERESA LESSARD PD 04/25/2006

Electronic Signature of Signing Officer or Director Date