



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000033805 1. Entity Name BRADENTON ENDOCRINOLOGY, P.A.			
Principal Place of Business 1906B 59TH ST. W. BRADENTON, FL 34209		Mailing Address 1906B 59TH ST. W. BRADENTON, FL 34209	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
 02222006 No Chg-P CR2E034 (11/05)			
4. FEI Number 65-0743972			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PLACHERIL, JOSEPH 1906B 59TH ST. W. BRADENTON, FL 34209		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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	
10. OFFICERS AND DIRECTORS			
TITLE	P	<h2>DO NOT WRITE IN THIS SPACE</h2>	
NAME	PLACHERIL, LILLIBET		
STREET ADDRESS	1906-B 59TH ST W		
CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	VP		
NAME	PLACHERIL, LILLIBET M		
STREET ADDRESS	1906-B 59TH ST W		
CITY-ST-ZIP	BRADENTON, FL 34209	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE	T		
NAME	PLACHERIL, LILLIBET M		
STREET ADDRESS	1906-B 59TH ST W		
CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	S		
NAME	PLACHERIL, JOSEPH		
STREET ADDRESS	1906-B 59TH ST W	<h2>DO NOT WRITE IN THIS SPACE</h2>	
CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	D		
NAME	PLACHERIL, LILLIBET M		
STREET ADDRESS	1906-B 59TH ST W		
CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	C		
NAME	PLACHERIL, LILLIBET M	<h2>DO NOT WRITE IN THIS SPACE</h2>	
STREET ADDRESS	1906-B 59TH ST W		
CITY-ST-ZIP	BRADENTON, FL 34209		
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: <u>Lillibet M. Placheril</u> LILLIBET PLACHERIL 02-24-06 (941) 795-1915			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			