

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000035942

1. Entity Name
HENRY CALAS, M.D., P.A.



Principal Place of Business
827 E. 5TH STREET
STUART, FL 34994

Mailing Address
827 E. 5TH STREET
STUART, FL 34994

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE



08202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0751657	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

CALAS, HENRY M.D.
827 E. 5TH STREET
STUART, FL 34994

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CALAS, HENRY M.D.
STREET ADDRESS 827 E. 5TH STREET
CITY-ST-ZIP STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000575061
08/23/06-80002-009 550.00

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IN THIS SPACE**

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:

Henry Calas, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/06 772-223-5345

Date

Daytime Phone #