

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90411 026 ***150.00

DOCUMENT # P97000037891					
1. Entity Name JEANNETTE G. WARNER MD, P.A.					
Principal Place of Business 5200 BABCOCK ST NE SUITE 203 PALM BAY, FL 32905			Mailing Address 5200 BABCOCK ST NE SUITE 203 PALM BAY, FL 32905		
2. Principal Place of Business 1270 Malabar Road, SE Suite, Apt. #, etc. Suite 1		3. Mailing Address 1270 Malabar Road, SE Suite, Apt. #, etc. Suite 1		04192006 Chg-P CR2E034 (11/05)	
City & State Palm Bay, FL		City & State Palm Bay, FL		4. FEI Number 59-3444276	
Zip 32907		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARNER, JEANNETTE G 5200 BABCOCK ST NE #203A PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name: <u>Warner, Jeannette G.</u> Street Address (P.O. Box Number is Not Acceptable): 1270 Malabar Road, SE Suite 1 City: <u>Palm Bay</u> FL Zip Code: <u>32907</u>		
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: <u>Jeannette G. Warner</u> <u>Jeannette G. Warner, MD</u> <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WARNER, JEANNETTE G 5200 BABCOCK ST NE #203A PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Warner, Jeannette G. 1270 Malabar Road, SE, Suite 1 Palm Bay, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Jeannette G. Warner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/19/06 321-722-1933 <small>Date Daytime Phone #</small>		
Jeannette G. Warner, MD - President					