


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000064486 1. Entity Name PHYSICIAN BUSINESS ALLIANCE, P.A.	
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Principal Place of Business 235 CITRUS TOWER BLVD 102 CLERMONT, FL 34711-2799	Mailing Address 235 CITRUS TOWER BLVD. SUITE 102 CLERMONT, FL 34711
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3464291	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

NOWICKI, KEVIN D M.D.
235 CITRUS TOWER BLVD.
SUITE 102
CLERMONT, FL 34711

**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 _____ (NOTE: Registered Agent signature required when filing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11000000403038
02/03/06-80033-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOWICKI, KEVIN D MD 235 CITRUS TOWER BLVD #102 CLERMONT, FL 347112789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUCAS, DAVID H MD 235 CITRUS TOWER BLVD #102 CLERMONT, FL 347112789
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**DO NOT WRITE
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: _____ 1-23-06 352-242-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #