## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** \*\*\*\*\*\*\*\*\*\*\*\*

			<del>, , _</del>	7	· Abr zu	), 2006-08:00
	MENT # P970000689	36				retary of Stat
1. Entity Nam WHELAN	e W. CULLEY, III, M.D., P.A.				~~~	- com y or zone
Principal Place 8211 113TH SEMINOLE, F	! ST., N.	Mailing Address 8211 113TH ST., N. SEMINOLE, FL 33772				
D	O NOT WRITE		CE	02212006  4. FEI Number 59-3461. 5. Certilicate of	No Chg-P	CR2E034 (11/05)  Applied For Not Applicab  \$8.75 Additional Fee Required
8211 113T SEMINOLI	E, FL 33772	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for trions of registered agent.  Signature, typed or printed name of registered agent and		ed office or registe ; ad Agent signature requires		, in the State of Flor	Ida. I am familiar with, and accep
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees		
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D CULLEY, WHELAN W 8211 113TH ST., N. SEMINOLE, FL 33772	RECTORS				0519160 6-80042-014 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 at other like empowered.

SIGNATURE:/

CITY-ST-ZIP

NAME STREET ADDRESS CITY-\$T-ZIP

> SIGNATURE AND TY WHELAN W. CULLEY IT MO