2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# P97000080616

Entity Name: LON A. BOUTIETTE M.D., P.A.

Current Principal Place of Business:

950 CHOCTAWHATCHEE DR.
NICEVILLE, FL 32578 US

New Principal Place of Business:

19 HAMPTON CIRCLE
NICEVILLE, FL 32578 US

Current Mailing Address:

950 CHOCTAWHATCHEE DR.
NICEVILLE, FL 32578 US

New Mailing Address:

19 HAMPTON CIRCLE
NICEVILLE, FL 32578 US

FEI Number: 59-3467491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUTIETTE, LON A M.D.
950 CHOCTAWHATCHEE DR.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

BOUTIETTE, LON A M.D.
19 HAMPTON CIRCLE
NICEVILLE, FL 32578 US

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.

SIGNATURE: LON A BOUTIETTE 04/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOUTIETTE, LON A M.D.
Address: 950 CHOCTAWHATCHEE DR.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOUTIETTE, LON A M.D.
Address: 19 HAMPTON CIRCLE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LON A BOUTIETTE PD 04/04/2006
Electronic Signature of Signing Officer or Director Date