


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 024 ***150.00

DOCUMENT # P97000085699 1. Entity Name ANTHONY EMELIANCHIK, D.P.M., P.A.			
Principal Place of Business 2909 N ORANGE AVE, SUITE 111 ORLANDO, FL 32804 <i>New Address</i>		Mailing Address 2909 N ORANGE AVE, SUITE 111 ORLANDO, FL 32804	
2. Principal Place of Business <i>4820 Hwy 19A</i> Suite, Apt. #, etc.		3. Mailing Address <i>4820 Hwy 19A</i> Suite, Apt. #, etc.	
City & State <i>MT. DORA FL</i>		City & State <i>MT. DORA FL</i>	
Zip <i>32757</i>		Zip <i>32757</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3469991		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 N MAITLAND AVE, SUITE 340 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D EMELIANCHIK, ANTHONY 2909 N ORANGE AVE, SUITE 111 ORLAND, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dr Anthony Emelianchik</i> <i>4820 Hwy 19A</i> <i>MT. DORA FL 32757</i>
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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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 title empowered.			
SIGNATURE: <i>Anthony J Emelianchik</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2/10/06</i> Daytime Phone #: <i>352-589 9550</i>	