

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000087821			
1. Entity Name PRORENATA, INC.			
Principal Place of Business 2700 SOUTH TAMiami TRAIL SUITE 2 SARASOTA, FL 34239		Mailing Address P.O. BOX 15154 SARASOTA, FL 34277-5154	
DO NOT WRITE IN THIS SPACE			
		02162006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0798497	
		☐ Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALD, SHELDON G. 2700 S TAMiami TRAIL STE #2 SARASOTA, FL 34239		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
		100000462037 03/21/06-80020-003 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
SD WIENER, STANLEY M MD 2700 SOUTH TAMiami TRAIL SARASOTA, FL 34239			
PD WALD, SHELDON G. 2700 S TAMiami TRAIL SARASOTA, FL 34239			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/6/06 941 366-1122 Date Daytime Phone #	