

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000106587	
1. Entity Name THREE BENIGN BLIND MICE, INC.	

Principal Place of Business 38034 MEDICAL CENTER AVE. ZEPHYRHILLS, FL 33540	Mailing Address 38034 MEDICAL CENTER AVE. ZEPHYRHILLS, FL 33540
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DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3492793	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, RANDELL M 315 SO. HYDE PARK AVE. TAMPA, FL 33606

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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 _____
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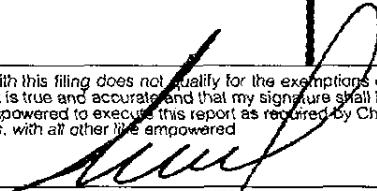
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCH, PAUL F M.D. 38034 MEDICAL CENTER AVE. ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KATZ, DONALD M M.D. 38034 MEDICAL CENTER AVE. ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, ROQUE M.D. 38034 MEDICAL CENTER AVE. ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/06-80065-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 line empowered

SIGNATURE: 	3/28/06	813 288-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #