


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-29-2006 90156 001 ***750.00

DOCUMENT # P98000000220

1. Entity Name
THOMAS G. STAVOY, M.D., P.A.



Principal Place of Business
1890 LPGA BLVD, STE 160
DAYTONA BEACH, FL 32117

Mailing Address
1890 LPGA BLVD, STE 160
DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3490543

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SNELL GREGORY~~ *Welch, Ma + + Hew*
768 W GRANDA ST, #107
ORMOND BEACH, FL 32174 *PO BOX 2599*
Daytona Beach FL
32119

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]* *22 Seabreeze Blvd, Daytona Beach FL*
Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reappointing) DATE *4.10.06* *3/18*

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STAVOY, THOMAS G 1890 PLGA BLVD, STE 160 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, without other like empowered.

SIGNATURE *[Signature]* *3/10/06* *386-252-4701*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #