


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000006021  
 1. Entity Name  
 DAVID DENNIS CASSIDY, M.D., P.A.



Principal Place of Business      Mailing Address  
 885 CRANES COURT                      1512 S ORANGE AVE  
 MAITLAND, FL 32751                      ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**



01102006    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3493303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
 CASSIDY, DAVID D MD  
 1512 S ORANGE AVE  
 ORLANDO, FL 32806

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

000000410957  
 02/03/06-80058-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, DAVID D M.D. 885 CRANES COURT MAITLAND, FL 32751
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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 like empowered.

SIGNATURE: DAVID D. CASSIDY M.D.      1/25/06      407-539-2923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cayman Phone if