

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
NELSON A. MALDONADO, M.D., P.A.

Principal Place of Business
501 GOODLETTE ROAD NORTH
BLDG A-100
NAPLES, FL 34102

Mailing Address
501 GOODLETTE ROAD NORTH
BLDG A-100
NAPLES, FL 34102



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3491172 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALDONADO, NELSON A
501 GOODLETTE RD., STE A100
NAPLES, FL 34102

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IN THIS SPACE**

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

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

110000396303
01/30/06-80028-010 150.00

OFFICERS AND DIRECTORS

NAME	D
STREET ADDRESS	MALDONADO, NELSON A 7011 LIVINGSTON WOODS LN NAPLES, FL 34109
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Nelson A. Maldonado* DR Nelson A. Maldonado 1/14/06 4302520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #