

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 042 ***150.00

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DOCUMENT # P98000032348 1. Entity Name JOSEPH D. BIANCHI, M.D., P.A.					
Principal Place of Business TWIN LAKES MEDICAL CENTER 1890 LPGA BLVD DAYTONA BEACH, FL 32117			Mailing Address TWIN LAKES MEDICAL CENTER 1890 LPGA BLVD DAYTONA BEACH, FL 32117		
2. Principal Place of Business Suite, Apt. #, etc. Suite #250		3. Mailing Address Suite, Apt. #, etc. Suite #250			
City & State 		City & State 		4. FEI Number 59-3542314	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIANCHI, JOSEPH D MD 1890 LPGA BLVD STE 250 DAYTONA BEACH, FL 32117				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: <u><i>Joseph D. Bianchi</i></u> DATE: <u>2/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIANCHI, JOSEPH D MD TWIN LAKES MEDICAL CENTER STE 250 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1890 LPGA Blvd Suite #250 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Joseph D. Bianchi</i></u> Joseph D. Bianchi <u>2/8/06</u> <u>386-274-0250</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					