



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90024 038 ***150.00

DOCUMENT # P98000034847 1. Entity Name DR. DEEP AGEE, P.A.					
Principal Place of Business 400 E SEMORAN BLVD CASSELBERRY, FL 32707			Mailing Address 400 E SEMORAN BLVD CASSELBERRY, FL 32707		
2. Principal Place of Business 400 State Rd 436 Suite #100 Suite, Apt. #, etc. Casselberry Fl City & State		3. Mailing Address 400 State Rd 436 Suite 100 Suite, Apt. #, etc. Casselberry Fl City & State			
Zip 32707 Country Seminole		Zip 32707 Country Seminole		4. FEI Number 59-3512675	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AGEE, RANI 400 E SEMORAN BLVD. #100 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name AGEE RANI Street Address (P.O. Box Number is Not Acceptable) 400 State Rd 436 Suite #100 Casselberry City Casselberry FL Zip Code 32707		
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 _____					
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	D AGEE, DEEP 400 E SEMORAN BLVD CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/14/06 Daytime Phone # (407)-339-2442		