



**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000042932 1. Entity Name FITZ TROPICS MEDICAL ASSOCIATES, INC.	
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Principal Place of Business 12464 INDIAN ROCKS RD LARGO, FL 33774	Mailing Address 12464 INDIAN ROCKS RD LARGO, FL 33774
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3512960	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

FITZGERALD, GERALD J
12464 INDIAN ROCKS RD
LARGO, FL 33774

**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 G. Joseph Fitzgerald D.O. DATE 7/5/2006

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FITZGERALD, GERALD J 419 BELLE ISLE AVE BELLEAIR BEACH, FL 33786
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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: G. Joseph Fitzgerald D.O. Date 7/5/2006 Daytime Phone # (727) 596 5446

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR