

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90191 020 \*\*\*150.00

**DOCUMENT # P98000048577**

1. Entity Name  
M.D. OF MELBOURNE, INC.



Principal Place of Business  
2717 N WICKHAM RD  
SUITE 1 & 2  
MELBOURNE, FL 32935

Mailing Address  
2717 N WICKHAM RD  
SUITE 1 & 2  
MELBOURNE, FL 32935

4003400



04062006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3517348

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RANG, PAUL D  
225 E. ROBINSON STREET SUITE 450  
ORLANDO, FL 32802

## 7. Name and Address of New Registered Agent

Name  
Lisa A. Goff, DMD  
Street Address (P.O. Box Number is Not Acceptable)  
2717 N. Wickham Road, Suite 1  
City  
Melbourne FL Zip Code  
32935

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: Lisa A. Goff, DMD DATE: 4/5/06  
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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, LISA A 2717 N. WICKHAM ROAD SUITE 1 & 2 MELBOURNE, FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> 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: Lisa A. Goff, DMD DATE: 4/5/06 321-242-2766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #