

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000067268

1. Entity Name  
GENERO SO P. MASANGKAY, M.D., P.A.



Principal Place of Business  
PO BOX 30150  
PENSACOLA, FL 32503

Mailing Address  
PO BOX 30150  
PENSACOLA, FL 32503

2. Principal Place of Business  
6706 North 9th Ave

3. Mailing Address

Suite, Apt. #, etc.  
Suite B-4

Suite, Apt. #, etc.

City & State  
Pensacola, FL

City & State

Zip 32504

Country

Zip

Country

04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3527502

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MASANGKAY, GENEROSO P M.D.  
3550 CARLOTTA ST.  
PENSACOLA, FL 32503

Name  
Masangkay, Generoso P M.D.

Street Address (P.O. Box Number is Not Acceptable)  
3550 Carlotta St.

City Pensacola FL Zip Code 32503

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$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 MASANGKAY, GENEROSO P PO 30150 PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MASANGKAY, GENEROSO P M.D., P.A. P.O. Box 30150 PENSACOLA, FL 32503
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: *Generoso P. Masangkay, M.D., P.A. 4/27/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #