



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067268 1. Entity Name GENEROSO P. MASANGKAY, M.D., P.A.						05-01-2006 90426 007 ***150.00 FILED May 01, 2006 08:00 AM Secretary of State 800918120	
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 Suite, Apt. #, etc. Suite B-4 City & State Pensacola, FL		3. Mailing Address Suite, Apt. #, etc. City & State					
Zip 32504		Country		4. FEI Number 59-3527502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent MASANGKAY, GENEROSO P M.D. 3550 CARLOTTA ST. PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Masangkay, Generoso P M.D., Street Address (P.O. Box Number is Not Acceptable) 3550 Carlotta St. City Pensacola			
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.				Zip Code FL 32503			
SIGNATURE _____ <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	D <input type="checkbox"/> Delete MASANGKAY, GENEROSO P PO 30150 PENSACOLA, FL 32503			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <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		
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		
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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>Generoso P. Masangkay</i></u> Generoso P. Masangkay, M.D., P.A. <u>4/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #</small>							