


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000078995 1. Entity Name EDWARD J. GORGACZ, V.M.D., PH.D., P.A.	
--	---

Principal Place of Business 1225 KINGSWAY ROAD BRANDON, FL 33510	Mailing Address 1225 KINGSWAY ROAD BRANDON, FL 33510
--	--



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3592306	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

JONES, B. ELAINE
918 LITHIA PINECREST ROAD
BRANDON, FL 33511

**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 _____ DATE _____

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

U00000571645
07/21/06-80005-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORGACZ, EDWARD J 330 HOLLOW TREE DRIVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORGACZ, JO-ANN 330 HOLLOW TREE DR. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Edward J. Gorgacz VMD, PhD, PA Date: 7-13-06 Daytime Phone #: 813-685-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR