

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| DOCUMENT # P98000093303 | | | |  | |
| 1. Entity Name SUSANA T. DONAIRE, M.D.P.A. | | | | | |
| Principal Place of Business 255 SE 7TH AVE SUITE 1 CRYSTAL RIVER FL 34429 | | Mailing Address PO BOX 2256 CRYSTAL RIVER FL 34429 | |  | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent DONAIRE, SUSANA T 255 SE 7TH AVENUE SUITE 1 CRYSTAL RIVER FL 34429 | | | | 4. FEI Number 59-3546647 | |
| 7. Name and Address of New Registered Agent | | | | Applied For Not Applicable | |
| 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 | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| SIGNATURE _____ | | | | DATE _____ | |
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p> | | | | 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 | D <input type="checkbox"/> Delete | TITLE | UG0000415760 <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | DONAIRE, SUSANA T | NAME | 02/11/06-80093-012 150.00 | | |
| STREET ADDRESS | 255 7TH AVE STE 1 | STREET ADDRESS | | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Susana T. Donaire M.D.P.A.</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SUSANA T. DONAIRE | | Date: 1/31/06 352-5648621 | |