


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
5/ Jun 16, 2006 8:00 am
Secretary of State


05-01-2006 90292 024 ***150.00

DOCUMENT # P98000101819 1. Entity Name TECSON FAMILY PRACTICE, P.A.	
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Principal Place of Business 725 SOUTH 6TH STREET MACLENNY, FL 32063	Mailing Address 725 SOUTH 6TH STREET MACLENNY, FL 32063
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DO NOT WRITE IN THIS SPACE

66019331



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3547425	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

TECSON, ANGELITO B
590 CREWS STREET
MACLENNY, FL 32063

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TECSON, ANGELITO B 590 CREWS STREET MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: Angelito B. Tecson, M.D. 6/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

DR. ANGELITO B. TECSON M.D.