


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-04-2006 90253 039 ***150.00
 06-20-2006 90011 003 ***150.00

DOCUMENT # P99000004315

1. Entity Name
 LUIS A. LOGRONO, M.D., P.A.



Principal Place of Business Mailing Address

3251 N. MCMULLEN BOOTH RD 3251 N. MCMULLEN BOOTH RD
 SUITE 100 SUITE 100
 CLEARWATER, FL 33761 CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

40096198



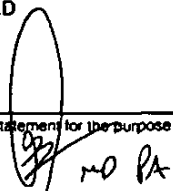
04082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3556006 Not Applicable

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

6. Name and Address of Current Registered Agent

LOGRONO, LUIS A. -
 3251 N., MCMULLEN BOOTH RD
 SUITE 100
 CLEARWATER, FL 33761



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8. The above named entry 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 fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LOGRONO, LUIS A M.D. 3251 N. MCMULLEN BOOTH RD SUITE 100 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: _____ DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

