

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000004344

1. Entity Name
GARY M. PRICE, M.D., F.A.C.P., P.A.



Principal Place of Business
9722 COMMERCE CENTER COURT
FORT MYERS, FL 33908

Mailing Address
9722 COMMERCE CENTER COURT
FORT MYERS, FL 33908

**FILED
Jan 09, 2006 8:00 am
Secretary of State**

01-09-2006 90041 034 ***150.00

60000267



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0885038	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNOTT, GEORGE H
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET SUITE 301
FORT MYERS, FL 33901

**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

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10.

OFFICERS AND DIRECTORS

TITLE	DR
NAME	PRICE, GARY M
STREET ADDRESS	9722 COMMERCE CENTER COURT
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116106

239 415 111

Date

Daytime Phone #