

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000007385**

1. Entity Name  
**ALEX M. USON, M.D., P.A.**



Principal Place of Business  
**1039 W DIXIE AVE  
 LEESBURG, FL 34748**

Mailing Address  
**1039 W DIXIE AVE  
 LEESBURG, FL 34748**

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3553714**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**USON, ALEX M M.D.  
 1039 WEST DIXIE AVE  
 LEESBURG, FL 34748**

**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 restate[ing])

**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 NAME STREET ADDRESS CITY-ST-ZIP	D USON, ALEX M M.D. 1039 WEST DIXIE AVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000436701  
 02/28/06-80013-007 150.00

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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: *Alex M. Uson* **2/14/06** **323-8094**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #