


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 045 ***150.00

DOCUMENT # P99000014234	
1. Entity Name NEIL B. ZUSMAN, M.D., P.A.	

Principal Place of Business 3430 TAMiami TRAIL SUITE A PORT CHARLOTTE, FL 33952	Mailing Address PO BOX 495658 PORT CHARLOTTE, FL 33949
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0893639		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZUSMAN, NEIL B M.D. 3161 HARBOR BLVD. STE. D PORT CHARLOTTE, FL 33952		Name <u>Neil B. Zusman, M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3430 Tamiami Trail, Suite A</u> City <u>Port Charlotte</u> FL Zip Code <u>33952</u>	

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 Neil Zusman, MD DATE 4-10-06

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUSMAN, NEIL B M.D. <input type="checkbox"/> Delete 3430 TAMiami TRAIL, SUITE A PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Neil Zusman, MD DATE 4/10/06 DAYTIME PHONE # (941) 624-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR