2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P99000048290

Entity Name: ANTHONY ALATRISTE, M.D., P.A. FAMILY MEDICINE

Current Principal Place of Business:

1803 PARK CENTER DRIVE
STE 120
ORLANDO, FL 32811 US

New Principal Place of Business:

1601 PARK CENTER DRIVE
STE 5
ORLANDO, FL 32835 US

Current Mailing Address:

1803 PARK CENTER DRIVE
STE 120
ORLANDO, FL 32811 US

New Mailing Address:

1601 PARK CENTER DRIVE
STE 5
ORLANDO, FL 32835 US

FEI Number: 59-3579172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALATRISTE, ANTHONY MD
1803 PARK CENTER DR
STE 120
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

ALATRISTE, ANTHONY MD
1601 PARK CENTER DR
STE 5
ORLANDO, FL 32835 US

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.

SIGNATURE: ANTHONY ALATRISTE, MD. 04/21/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: ALTRISTE, ANTHONY
Address: 8101 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: S ( ) Delete
Name: ALATRISTE, MILDRED
Address: 8101 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: ALTRISTE, ANTHONY
Address: 8366 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Change ( ) Addition
Name: ALATRISTE, MILDRED
Address: 8366 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ALATRISTE, MD. PT 04/21/2006
Electronic Signature of Signing Officer or Director Date