

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000051738		
1. Entity Name GREGORY F. SARIC M.D. P.A.		
Principal Place of Business 818 W. OAK ST. KISSIMMEE, FL 34741-6625 US		Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 US
DO NOT WRITE IN THIS SPACE		
		03042006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3580230		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SARIC, GREGORY F 818 W. OAK ST. KISSIMMEE, FL 34741-6625		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		U00000479023 04/08/06 00028 011 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SARIC, GREGORY F 818 W OAK ST KISSIMMEE, FL 34741	DO NOT WRITE IN THIS SPACE
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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 employment.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-15-06 <small>Daytime Phone #</small>