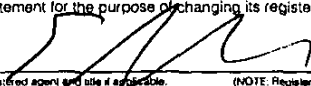
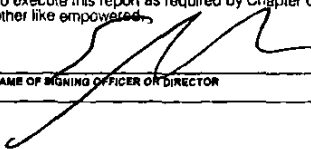


FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90169 027 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000061412			
1. Entity Name EDWARD ZBELLA, M.D., P.A.			
Principal Place of Business 2454 MCMULLEN BOOTH RD, SUITE 601 CLEARWATER, FL 33759		Mailing Address 2454 MCMULLEN BOOTH RD, SUITE 601 CLEARWATER, FL 33759	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01052006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3585336		Applied For Not Applicable	
5. Certificate of Status Desired - ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, RICHARD O HOLLAND & KNIGHT LLP 200 CENTRAL AVE, SUITE 1600 ST PETERSBURG, FL 33601		7. Name and Address of New Registered Agent Name: Edward Zbella Street Address (P.O. Box Number is Not Acceptable): 2454 McMullen Booth Rd Suite 601 City: Clearwater FL Zip Code: 33759	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/05			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZBELLA, EDWARD 2454 MCMULLEN BOOTH RD CLEARWATER, FL 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		1/6/05 727 796 7705 Date Daytime Phone #	