2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000073020

Entity Name

LADIES FIRST HEALTHCARE, P.A.



FILED Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business 8451 SHADE AVE #109 SARASOTA, FL 34243 Mailing Address

8451 SHADE AVE #109 SARASOTA, FL 34243



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03242006 No Chg-P CR2E034 (11/05)

4. FE) Number | Applied For |
65-0943603 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DAMERY, GREGORY A 8451 SHADE AVE STE 109 SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE

3-30-06

ā. The above	remed entity submits this statement for the p	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
Ū	ions of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A				(equired when reinstating)	. DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financir Trust Fund Contribution.) ⁹ []	\$5.00 May Be Added to Fees	U00000492864 04/19/06-80082-012 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME SIRELI AODRESS CITY-ST-ZIP	PD DAMERY, GREGORY MD 8451 SHADE AVE STE 109 SARASOTA, FL 34243				
title Name Street address City-SI-Tip					
HTLE NAME STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE
Title Name Street address City-53-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-\$1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					