


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90041 023 ***550.00

| | | | |
|---|---|---|---|
| DOCUMENT # P99000075038 1. Entity Name GURKIPAL S. SHERGILL, M.D., P.A. | |  | |
| Principal Place of Business 120 PATTERSON RD HAINES CITY, FL 33844 | | Mailing Address 120 PATTERSON RD HAINES CITY, FL 33844 | |
| 2. Principal Place of Business 295 Patterson Road | | 3. Mailing Address 295 Patterson Rd | |
| Suite, Apt. #, etc. Suite A | | Suite, Apt. #, etc. Suite A | |
| City & State Haines City, FL | | City & State Haines City, FL | |
| Zip 33844 | | Zip 33844 | |
| Country | | Country | |
| 4. FEI Number 59-3595579 | | 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 SHERGILL, GURKIPAL S 120 PATTERSON RD HAINES CITY, FL 33844 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 295 Patterson Road Haines City, FL 33844 City FL Zip Code | |
| 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 <u><i>[Signature]</i></u> DATE <u>5/11/06</u> <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | |
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SHERGILL, GURKIPAL S.M.D. 120 PATTERSON RD 295 Patterson Rd HAINES CITY, FL 33844 | 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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| 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>5/11/06</u> Daytime Phone # <u>407-297-8511</u> | |