## 2005 FOR PROFIT CORPORATION

## **FILED** 0 AMate

ANNUAL REPORT					Jul 27, 2006 08:00			
1. Entity Nam	MENT # P990000775					Secretai	ry of Sta	
STE 303 C	e of Business PERITY FARMS RD I GARDENS, FL 33410 US	ailing Address 1211 PROSPERITY FARMS RD ITE 303 C PALM BEACH GARDENS, FL 33410 US		01112006 No Chg-P CR2E034 (11/05)  4. FEI Number				
D	OO NOT WRITE	CE						
	6. Name and Address of Current Re	glatered Agent	j,	1		1 60 (16)		
DAVIS, RICHARD ONE CLEAR CENTRE, STE 1601 250 AUSTRALIAN AVENUE SOUTH WEEST PALM BEACH, FL 33401			1	•	NOT W THIS SP		. ;	
	named entity submits this statement for the ions of registered agent.  Richard Davi- Signature, typed or printed name of registered agent and	little if application (NOTE: Registere	ed Agent algnature required	when reinstating)	oth, in the State of Flo	rida. I am familiar 26/05 DATE	with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Section Campaign Final Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D DEDO, DOUGLAS D M.D. 11211 PROSPERITY FARMS ROA PALM BEACH GARDENS, FL 334	D#303-C & 304-C	i d d jur				ê	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	000000 07/27/06~	572362 80002-008	550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SP	ACE		
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 turther 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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TOUGAS DO Daylima Phone #