

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078013

Entity Name: GENE VERTKIN, M.D., P.A.

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

6600 DUCKWEED ROAD
LAKE WORTH, FL 334671608

New Principal Place of Business:

6101 LAKE HIBISCUS DRIVE
DELRAY BEACH, FL 33484

Current Mailing Address:

6600 DUCKWEED ROAD
LAKE WORTH, FL 334671608

New Mailing Address:

325 CALAIS DRIVE
KELLER, TX 76248

FEI Number: 65-0948821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERTKIN, GENE M.D.
6600 DUCKWEED ROAD
LAKE WORTH, FL 334671608 US

Name and Address of New Registered Agent:

VERTKIN, GENE M.D.
6101 LAKE HIBISCUS DRIVE
DELRAY BEACH, FL 33484 US

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.

SIGNATURE: GENE VERTKIN M.D.

04/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PUST () Delete
Name: VERTKIN, GENE M.D.
Address: 6600 DUCKWEED ROAD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PUST (X) Change () Addition
Name: VERTKIN, GENE M.D.
Address: 325 CALAIS DRIVE
City-St-Zip: KELLER, TX 76248

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE VERTKIN M.D.

PUST

04/23/2006

Electronic Signature of Signing Officer or Director

Date