

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101212

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: CHRISTINE LARAMEE, M.D., P.A.

## Current Principal Place of Business:

400 N INDIAN ROCKS RD  
STE B  
BELLEAIR BLUFFS, FL 33770

## New Principal Place of Business:

## Current Mailing Address:

400 N INDIAN ROCKS RD  
STE B  
BELLEAIR BLUFFS, FL 33770

## New Mailing Address:

FEI Number: 59-3608970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARAMEE, CHRISTINE  
400 N INDIAN ROCKS RD  
SUITE B  
BELLEAIR BLUFFS, FL 33770 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: CHRISTINE, LARAMEE  
Address: 424 HARBOR DRIVE NORTH  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: CHRISTINE, LARAMEE  
Address: 400 N. INDIAN ROCKS ROAD, SUITE B  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: CHRISTINE LARAMEE

DR

04/14/2006

Electronic Signature of Signing Officer or Director

Date