

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 046 ***150.00

DOCUMENT # P99000103266			
1. Entity Name MANUEL REGALADO, M.D., P.A.			
Principal Place of Business 239 SW 7TH TERR STE B GAINESVILLE, FL 32601		Mailing Address 239 SW 7TH TERR STE B GAINESVILLE, FL 32601	
2. Principal Place of Business		3. Mailing Address 500 NW 43 RD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 3	
City & State		City & State GAINESVILLE FL	
Zip	Country	Zip	Country
		32606	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REGALADO, MANUEL 239 SW 7TH TERR STE B GAINESVILLE, FL 32601		Name Street Address (P.O. Box Number is Not Acceptable) 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS REGALADO, MANUEL 239 SW 7TH TERR GAINESVILLE, FL 32601 <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: <i>Manuel Regalado</i>		Date: 7/15/06 Daytime Phone #: 352-379-8220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 59-3605839 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required