## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000103266  1. Entity Name MANUEL REGALADO, M.D., P.A.					07-19-200	6 90008 046 ***1:	50.00	
Principal Place of Business Mailing Address			. <u>L</u>		40100x	, •		
239 SW 7TH TERR		239 SW 7TH TERR			- ,			
STE B GAINESVILLE, FL 32601		STE B						
GAINESVILLE,	FL 32601	GAINESVILLE, FL 32601						
2. Principal Place of Business		3. Mailing Address 43 PD STREE		<u>e</u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	CLE 3		Chg-P	CR2E034 (11/05)		
City & State		City & State  CASIVESUTA		4. FEI Numb 59-360		No	plied For t Applicable	
Zip	Country	zip 32606	CountYSA	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and	Address of New	Registered Agent		
REGALADO, MANUEL 239 SW 7TH TERR			Street Address (P.O. Box Number is Not Acceptable)					
STE B								
GAINESVI	LLE, FL 32601		Car			<b>₽</b> ∎ Zip Cod		
•			City			<u> </u>		
	named entity submits this statement fo ions of registered agent.			agistered agent, or bo	oth, in the State of F	DATE	and accept	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: H	egistered Ageni signature	required when reinstating)	I	UAIL		
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaigner Trust Fund Contr				\$5.00 May Be Added to Fees		with s. 607.193(2)(b), d not receive the prior		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	PVPS	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME CYDEET ADDRESS			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	200 011 1111 12111		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
			TITLE		·····	☐ Change	Addition	
TITLE NAME		☐ Delete	NAME			C Grange		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	•				
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME STREET ADODESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		_ ******	NAME					
OTREET AGRACAG	1		10 and					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					

2. I nereby 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:

SHATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/06 352-379-8126