

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24521

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** TRUCHELUT & CHRISS, M.D., P.A.

**Current Principal Place of Business:**

1925 MIZELL AVE.  
SUITE 302  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1925 MIZELL AVE.  
SUITE 302  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-3047042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERSHOW, ELLEN R.  
203 NE 1ST ST.  
GAINESVILLE, FL 32601 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: D ( ) Delete  
Name: TRUCHELUT, TRACY A., M.D  
Address: 1925 MIZELL AVE., #302  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: CHRISS, LISA W MD  
Address: 1925 MIZELL AVE, STE 302  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TRACY TRUCHELUT, MD

OWNE

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date