

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S33374

1. Entity Name
DR. LAWRENCE PRECIPUO, P.A.



Principal Place of Business
4956 LE CHALET BLVD.
SUITE 15
BOYNTON BEACH, FL 33436

Mailing Address
4956 LE CHALET BLVD.
SUITE 15
BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90235 008 ***150.00



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0250713	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRECIPUO, LAWRENCE
4956 LE CHALET BLVD SUITE 15
Boynton Beach, FL 33436

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IN THIS SPACE**

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: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: PRECIPUO, DR. LAWRENCE
STREET ADDRESS: 4956 LE CHALET BLVD #15
CITY-ST-ZIP: BOYNTON BEACH, FL 33436

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IN THIS SPACE**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 new address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06
Date
Daytime Phone #