
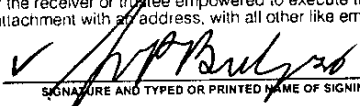


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 004 ***150.00

DOCUMENT # S38164 1. Entity Name JON P. BURDZY, D.O., P.A.					
Principal Place of Business 1500 ROYAL PALM SQUARE BLVD. SUITE 105 FT. MYERS, FL 33919 US			Mailing Address 1500 ROYAL PALM SQ. BLVD. SUITE 105 FT. MYERS, FL 33919 US		
2. Principal Place of Business 7780 CAMBRIDGE MANOR PLACE Suite, Apt. #, etc. SUITE C City & State FORT MYERS FL Zip 33907		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip 			
Country USA		Country 		4. FEI Number 65-0248821	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELL, MICHAEL J., D.O. 1500 ROYAL PALM SQ. BLVD. # 105 FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name JON P BURDZY DO Street Address (P.O. Box Number is Not Acceptable) 7780 CAMBRIDGE MANOR PLACE City FORT MYERS		
State FL			Zip Code 33919		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME BELL, MICHAEL J., D.O.		TITLE DPST	NAME JON P BURDZY DO	
STREET ADDRESS 1500 ROYAL PALM SQUARE BLVD., #105	CITY-ST-ZIP FT. MYERS, FL		STREET ADDRESS 7780 CAMBRIDGE MANOR PLACE	CITY-ST-ZIP FORT MYERS FL 33907	
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			DATE: 3/19/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 239 275-6778		