

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

Country
USA

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0248821	Applied For
	Not Applicable

5. Certificate of Status Desired **\$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

Name
JON P BURDZY DO

Street Address (P.O. Box Number is Not Acceptable)
7780 CAMBRIDGE MANOR PLACE

City
FORT MYERS

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

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

(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. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D BELL, MICHAEL J., D.O. 1500 ROYAL PALM SQUARE BLVD., #105 FT. MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DPST JON P BURDZY DO 7780 CAMBRIDGE MANOR PLACE FORT MYERS FL 33907
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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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

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: *Jon P. Burdzy, D.O.* Date: *3/9/06* Daytime Phone #: *239 275-6778*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *jon p. burdzy, d.o.* *3/9/06* *239 275-6778*