2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94320

Entity Name: ALBERT A. ALBATROSOV, M.D., P.A.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

40 COASTAL OAKS CIR

PONCE INLET, FL 32127 US

4621B KAHILIHOLO ROAD
KILAUEA, HI 96754 US

Current Mailing Address: New Mailing Address:

40 COASTAL OAKS CIR
PONCE INLET, FL 32127 US
4621B KAHILIHOLO ROAD
KILAUEA, HI 96754 US

FEI Number: 59-3092776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ALBATROSOV, ALBERT M.D.

40 COASTAL OAKS CIR

PONCE INLET, FL 32127 US

SINN, JAMES E CPA
2334 HOLLY LEAF LANE
ORANGE PARK, FL 32073 US

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: JAMES E. SINN 01/10/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: ALBATROSOV, ALBERT A, . MD ALBATROSOV, ALBERT A MD Name: Name: 40 COASTAL OAKS CIR Address: 4621B KAHILILHOLO ROAD Address: City-St-Zip: PONCELNLET, FL 32127 City-St-Zip: KILAUEA, HI 96754

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: ALBERT A. ALBATROSOV PRES 01/10/2006