


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90124 032 ***158.75

DOCUMENT # V02128	
1. Entity Name PETER J. GODLESKI, M.D., P.A.	

Principal Place of Business 9753 SOUTH ORANGE BLOSSUM TRAIL SUITE 104 ORLANDO, FL 32837 US	Mailing Address P.O. BOX 1065 WINDERMERE, FL 34786 US
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40034369

2. Principal Place of Business 9728 WYLAND CT.	3. Mailing Address 9728 WYLAND CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

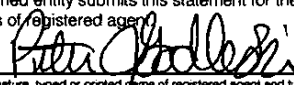
04172008 Chg-P CR2E034 (11/05)

City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Country US
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Zip 34786	Country US

4. FEI Number 59-3100632	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GODLESKI, PETER J 9753 SOUTH ORANGE BLOSSUM TRAIL ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name PETER J. GODLESKI, M.D. Street Address (P.O. Box Number is Not Acceptable) 9728 WYLAND CT WINDERMERE, FL Zip Code 34786	
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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 	DATE 4-11-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODLESKI, PETER J MD 9753 SOUTH ORANGE BLOSSUM TRAIL ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 9728 WYLAND CT. WINDERMERE, FL 34786
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
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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: 	DATE 4-11-06 DAYTIME PHONE # 4078763198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	