## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90263 004 \*\*\*150.00 DOCUMENT # V02843 NANCY SIMONS LING, M.D., P.A. 40002731 Principal Place of Business Mailing Address **305 BRYAN ROAD** 305 BRYAN ROAD STE 5 & 6 STE 5 & 6 BRANDON, FL 33511 BRANDON, FL 33511 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3096161 Not Applicable \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LING, NANCY SIMONS DO NOT WRITE 305 S. BRYAN RD. SUITE 6 IN THIS SPACE BRANDON, FL 33511 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. 01-11-66 (NOTE: Negistered Agent expressure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D HILE LING, NANCY SIMONS STREET ADDRESS 305 S. BRYAN RD #6 CITY-ST-ZIP BRANDON, FL 33511 NAME STREET ADDRESS CHY-ST-ZIP HILE STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE NAME STREET ADDRESS CHY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS CHY-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 logal 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 813 689-2057 SIGNATURE: .

**FILED**