


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90030 015 ***150.00

DOCUMENT # V55358 1. Entity Name DAVID G. CISLO, D.O., P.A.					
Principal Place of Business 12749 S TAMiami TRAIL NORTH PORT, FL 34287			Mailing Address 12749 S TAMiami TRAIL NORTH PORT, FL 34287		
2. Principal Place of Business 13815 Tamiami TRAIL Suite, Apt. #, etc.		3. Mailing Address 13815 Tamiami TRAIL Suite, Apt. #, etc.			
City & State North Port, Florida Zip 34287		City & State North Port, Florida Zip 34287		4. FEI Number 65-0356703	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CISLO, DAVID G 12749 S TAMiami TRAIL NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13815 Tamiami TRAIL City North Port FL Zip Code 34287		
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 <i>[Signature]</i> David G. Cislo <i>[Signature]</i> President <i>[Signature]</i> 2/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	PST CISLO, DAVID G 12749 S TAMiami TRAIL NORTH PORT, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13815 Tamiami TRAIL North Port, Florida 34287	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUTIERREZ, ROBERT F 12749 S TAMiami TRAIL NORTH PORT, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13815 Tamiami TRAIL North Port, Florida 34287	
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: X <i>[Signature]</i> Robert F. Gutierrez <i>[Signature]</i> Vice President <i>[Signature]</i> 2/9/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (941) 426-4900</small>					