

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71774

FILED
Jan 09, 2006
Secretary of State

Entity Name: GUY P. LAFOND, M.D., OTOLARYNGOLOGY HEAD AND NECK SURGERY, P.A.

Current Principal Place of Business:

1622 N MISSOURI
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

1672 N MISSOURI
LARGO, FL 33770

New Mailing Address:

1622 N MISSOURI
LARGO, FL 33770

FEI Number: 59-3135703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFOND M.D., GUY P
1622 N MISSOURI
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFOND, GUY P MD
Address: 1672 N MISSOURI
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFOND, GUY P MD
Address: 1622 N MISSOURI
City-St-Zip: LARGO, FL 33770

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: GUY P LAFOND MD

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

Date