



E-FILED

**STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE**

01856058



DUE ON OR BEFORE 01/19/2007

FY06-07

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1. -1177178-2
MICHAEL F. ESBER, D.P.M., P.C.
14300 GRANITE VALLEY DR STE 5B
SUN CITY WEST, AZ 85375

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: PROFESSIONAL

2. Statutory Agent: THOMAS W BADE
Mailing Address: 80 E RIO SALADO PKWY #515
City, State, Zip: TEMPE, AZ 85281
- Physical Address, If Different.
Physical Address:
City, State, Zip: AZ

ACC USE ONLY

Fee \$ 45.00

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

4. CHARACTER OF BUSINESS

HEALTH CARE

Date Received: 01/05/2007

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
100000	COMMON	

Number of Shares/Certificates Issued	Class	Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

MICHAEL F. ESBER

7. OFFICERS

Name: MICHAEL F. ESBER
Title: PRESIDENT
Address: 14300 GRANITE VALLEY DR.
SUITE 5-B
SUN CITY WEST, AZ 85375
Date Taking Office: 01/19/2005

Name: MICHAEL F. ESBER
Title: SECRETARY
Address: 14300 GRANITE VALLEY DR.
SUITE 5-B
SUN CITY WEST, AZ 85375
Date Taking Office: 01/19/2005

Name: MICHAEL F. ESBER
Title: TREASURER
Address: 14300 GRANITE VALLEY DR.
SUITE 5-B
SUN CITY WEST, AZ 85375
Date Taking Office: 01/19/2005

Name:
Title:
Address:
Date Taking Office:

8. DIRECTORS

Name: MICHAEL F. ESBER
Address: 14300 GRANITE VALLEY RD.
SUITE 5-B
SUN CITY WEST, AZ 85375
Date Taking Office: 01/19/2005

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

OFFICERS:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

Name:
Title:
Address:
Date Taking Office:

DIRECTORS:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

Name:
Address:
Date Taking Office:

-1177178-2 MICHAEL F. ESBER, D.P.M., P.C.

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: **[Underlined portion pertains to business corporations only]**

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked:

YES ☐ NO ☒

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|--|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box **must** be marked:

YES ☐ NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

One box **must** be marked:

YES ☐ NO ☒

[Underlined portion pertains to business corporations only]

If "YES" to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

MICHAEL F. ESBER

01/05/2007

Name _____ Date _____

MICHAEL F. ESBER

Signature _____

PRESIDENT

Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)