2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

FILED Feb 07, 2005 08:00 AM Secretary of State **DOCUMENT # G63248** GARY M. PULLIAS, M.D., P.A. Principal Place of Business Mailing Address C/O GARY M. PULLIAS C/O GARY M. PULLIAS 2704 MANATEE AVE. W. 2704 MANATEE AVE. W. BRADENTON, FL 34205 BRADENTON, FL 34205 01232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2336866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PULLIAS, GARY M., M.D. DO NOT WRITE 2704 MANATEE AVE. W. BRADENTON, FL 34205 IN THIS SPACE 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 ed name of registered agent and tillo if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PS TITLE PULLIAS, GARY M. NAME STREET ADDRESS 2704 MANATEE AVE. W. U00000218355 02/07/05-80060-025 150.00 CITY-ST-ZIP BRADENTON, FL TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR