

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90046 013 ***158.75

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000013293 1. Entity Name THE PREVENTIVE MEDICINE CENTER OF GAINESVILLE, INC.					
Principal Place of Business 905 NW 56TH TERR GAINESVILLE, FL 32605			Mailing Address 13808 NW 21ST LANE GAINESVILLE, FL 32606		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3627886	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERICKSON, ROBERT A M.D. 13808 NW 21ST LANE GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ERICKSON, ROBERT A M.D. 13808 NW 21ST LANE GAINESVILLE, FL 32606 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date 1/23/05 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT A. ERICKSON MD					