

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060008

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** CROSS CREEK MEDICAL,PA

**Current Principal Place of Business:**

1381 CROSS CREEK CIRCLE  
#A  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1381 CROSS CREEK CIRCLE  
#A  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 14-1852106      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMPSON, WAYNE A MD  
1605 GROVELAND HILLS DR.  
TALLAHASSEE, FL 32317      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:** PRES ( ) Delete  
**Name:** SAMPSON, WAYNE A MD  
**Address:** 1381 A CROSS CREEK CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE SAMPSON

PRES

04/29/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date