


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90167 008 ***150.00

DOCUMENT # P03000144721

1. Entity Name
FLORIDA MEDICAL OBSERVATION ASSOCIATES, P.A.



Principal Place of Business 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751	Mailing Address 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0956865	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCKINSTRY, EARL ESQ
 1051 WINDERLEY PL STE 103
 MAITLAND, FL 32751

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, BRENT F M D 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAN, KAHANG L M D 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIESTAD, WAYNE M D 1051 WINDERLEY PL STE 103 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* Date: 4/26/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR