## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2005 08:00 AM Secretary of State

DOCUMENT # P9800005993 The Entity Name JAMES DANIEL TESAR, M.D., P.A. The Property of the Prop	Secretary of State
Principal Place of Business Mailing Address  840 KEYES AVENUE 1512 S. ORANGE AVE., MP 1 WINTER PARK, FL 32789 ORLANDO, FL 32806	
DO NOT WRITE IN THIS SPA	01282005 No Chg-P CR2E034 (10/03)  4. FEI Number
TESAR, JAMES MD 1512 S. ORANGE AVE., MP 1156 ORLANDO, FL 32806	DO NOT WRITE 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 Squebure, speed or printed name of registered agent and title if applicable (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 Fina Trust Fund Contribution	
10. OFFICERS AND DIRECTORS  TITLE D  NAME TESAR, JAMES D M.D.  STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  OFFICERS AND DIRECTORS  TESAR, JAMES D M.D.  SWANG STREET ADDRESS CITY-ST-ZIP  TO THE TESAR JAMES D M.D.  STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12 I hereby certify that the information supplied with this filling does not qualify for the expension.	remotion stated in Section 119 07(3)(i) Florida Statutes I further cartify that the information
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:  Am O A  SIGNATURE:	