


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 039 ***150.00

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1. Entity Name
CHRIS R. GELVIN, M.D., P.A.



Principal Place of Business
**1931 S. TUTTLE AVE.
 SARASOTA, FL 34239**

Mailing Address
**5065 SANDY SHORE AVE.
 SARASOTA, FL 34242**

2. Principal Place of Business
2750 Bahia Vista Ave

3. Mailing Address
4027 Roberts Point Rd

Suite, Apt. #, etc.
270

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34239

Country
Sarasota

Zip
34242

Country
Sarasota



03152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0940492

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GELVIN, CHRIS
 5065 SANDY SHORE AVE
 SARASOTA, FL 34242**

7. Name and Address of New Registered Agent
 Name
Chris Gelvin
 Street Address (P.O. Box Number is Not Acceptable)
4027 Roberts Point Road
 City
Sarasota FL Zip Code
34242

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 D <input type="checkbox"/> Delete	GELVIN, CHRIS R	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Chris R. Gelvin
NAME	5065 SANDY SHORE AVE.	NAME	4027 Roberts Point Rd.
STREET ADDRESS	SARASOTA, FL 34242	STREET ADDRESS	Sarasota, FL 34242
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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:  **3/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #