


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # S02678 1. Entity Name VINCENT DI CARLO, M.D., & ASSOCIATES, P.A.	
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Principal Place of Business 3903 S. WESTSHORE BLVD TAMPA FL 33611	Mailing Address 3903 S. WESTSHORE BLVD TAMPA FL 33611
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3067346	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**OEHLER, ANGELA S
3903 S WESTSHORE BLVD
TAMPA FL 33611**

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 entry 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GARNER, ROSANNA M.D.	
STREET ADDRESS	3903 S. WESTSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	U00000288645		
CITY-ST-ZIP	04/05/05-80018-011 150.00		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____ **Rosanna Garner, M.D.** **3/30/05** **813-835-4383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Gaytime Phone #