## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2005 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # S66886** 1. Entity Name H. BÚSHNELL CLARKE, M.D., P.A. Principal Place of Business Mailing Address 603 7TH STREET SOUTH 603 7TH STREET SOUTH #540 #540 SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 US 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3074009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARKE, H. B DO NOT WRITE 603 7TH STREET SOUTH, SUITE 450 SAINT PETERSBURG, FL 33701 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000203033 TITLE 01/29/05-80014-013 150.00 CLARKE, H. BUSHNELL NAME 603 7TH ST S., #540 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 cartify 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 w

FILED

Daytime Phone #