# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 19, 2005**
**Secretary of State**

DOCUMENT# P96000019264

**Entity Name:** CLEARWATER NATURAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2454 MCMULLEN BOOTH RD
609
CLEARWATER, FL 34619

**New Principal Place of Business:**

**Current Mailing Address:**

2454 MCMULLEN BOOTH RD
609
CLEARWATER, FL 34619

**New Mailing Address:**

**FEI Number: 59-3363851** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S
1245 COURT ST, SUITE 102
CLEARWATER, FL 34616 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: O'NEILL, JOHN
Address: 2454 MCMULLEN BOOTH RD, SUITE 609
City-St-Zip: CLEARWATER, FL 34619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN O'NEILL PRES 05/19/2005

Electronic Signature of Signing Officer or Director — Date