

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 301122 1. Entity Name MEDICAL OFFICES, INC.			
Principal Place of Business 306 SOUTH TENTH STREET HAINES CITY, FL 33844		Mailing Address 306 SOUTH TENTH STREET HAINES CITY, FL 33844	
DO NOT WRITE IN THIS SPACE			
		02012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1195964 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
STINE, JAY C JR 306 SOUTH TENTH ST HAINES CITY, FL 33844		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	STINE, JAY C		
STREET ADDRESS	2025 W. LAKE HAMILTON DR.		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		
TITLE	D		
NAME	DEGNAN, MICHAEL		
STREET ADDRESS	2612 CREST DR		
CITY-ST-ZIP	HAINES CITY, FL		
TITLE	D		
NAME	GREEN, DAVID J		
STREET ADDRESS	7000 STATE RD. 544 STE 7		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		
TITLE	D		
NAME	JAIN, MANUEL G.		
STREET ADDRESS	1488 LAKE MIRROR NW		
CITY-ST-ZIP	WINTER HAVEN, FL		
TITLE	D		
NAME	MOORE, JOHN W.		
STREET ADDRESS	3224 LAKE BREEZE DR		
CITY-ST-ZIP	HAINES CITY, FL		
TITLE	D		
NAME	THORNTON, FRANK J.		
STREET ADDRESS	3079 LANDINGS CT.		
CITY-ST-ZIP	HAINES CITY, FL 33844		
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: 		JAY C. STINE, PRESIDENT 2-23-05 (863) 422-9562	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	