


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90078 032 ***150.00

DOCUMENT # 454186

1. Entity Name
 FRANKLIN, FAVATA & HULLS, M.D.'S, P.A.



Principal Place of Business
 3100 E FLETCHER AVE
~~P.O. BOX 17211~~
~~TAMPA, FL 33682~~
 Tampa FL 33613

Mailing Address
 3100 E FLETCHER AVE
 P.O. BOX 17211
 TAMPA, FL 33682
 Tampa FL 33613



2. Principal Place of Business
 3100 E. Fletcher Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 12479 Telecom Drive
 Suite, Apt. #, etc.

03102005 Chg-P CR2E034 (10/03)

City & State
 Tampa, FL

City & State
 Tampa, FL

4. FEI Number
 59-1532055

Applied For
 Not Applicable

Zip
 33617

Country

Zip
 33637

Country

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

6. Name and Address of Current Registered Agent

FD & L CORP.
 200 LAURA STREET NORTH
 3RD FLOOR
 JACKSONVILLE, FL 32202

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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, H. HOWARD, MD	
STREET ADDRESS	3100 E FLETCHER AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FAVATA JOHN J, JR., MD	
STREET ADDRESS	16612 SEDONA DE AVILA	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HULLS, JAMES R., MD	
STREET ADDRESS	6401 JOSEPHINE ARBOR	
CITY-ST-ZIP	TEMPLE TERRACE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *H. Howard Franklin* **H. Howard Franklin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/24/05 **3/24/05**
 Daytime Phone # _____