


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 473581</b> 1. Entity Name WM. R. GEORGE, II M.D., P.A.	
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Principal Place of Business 327 PLAZA REAL, SUITE 307 BOCA RATON FL 33432 US	Mailing Address 327 PLAZA REAL, SUITE 307 BOCA RATON FL 33432 US
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1st MOORE      CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-1593493</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip
		Country

<b>6. Name and Address of Current Registered Agent</b>  GEORGE, WM. R., II, M.D. 327 PLAZA RAL, STE 307 BOCA RATON FL 33432	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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**  
**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	PD <input type="checkbox"/> Delete
NAME	GEORGE, WILLIAM R., II
STREET ADDRESS	327 PLAZA REAL, STE 307
CITY - ST - ZIP	BOCA RATON FL
TITLE	VT <input type="checkbox"/> Delete
NAME	GEORGE, WILLIAM R., II
STREET ADDRESS	327 PLAZA RAL, STE 307
CITY - ST - ZIP	BOCA RATON 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	U00000189954
CITY - ST - ZIP	01/24/05-80116-011 150.00
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)(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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WR George II MD      01 19 05      (561) 394 0040