


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 476973 |  |
| 1. Entity Name ERNEST P. PALMER, M.D., P.A. | |

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|---|---|
| Principal Place of Business 214 WEST PALMETTO STREET P.O. BOX 428 WAUCHULA, FL 33873 | Mailing Address 214 WEST PALMETTO STREET P.O. BOX 428 WAUCHULA, FL 33873 |
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1595925 | 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

PALMER, ERNEST
214 WEST PALMETTO STREET
WAUCHULA, FL 33873

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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 re-instating) _____ DATE _____

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| 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 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PALMER, ERNEST M.D. 214 WEST PALMETTO ST. WAUCHULA, FL 33873 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PALMER, GAYLE M. 214 WEST PALMETTO ST. WAUCHULA, FL 33873 |
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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: Ernest P. Palmer 863-773-4186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #