



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 517406 1. Entity Name CHARLES T. POLIS, JR., M.D., P.A.	
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Principal Place of Business 1410 59TH ST. W. BRADENTON, FL 34209	Mailing Address 1410 59TH ST. W. BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE

	
03162005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-1710008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLIS, CHARLES T. JR. 1410 59TH ST. WEST BRADENTON, FL	DO NOT WRITE IN THIS SPACE
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000270208 03/19/05-80041-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLIS, CHARLES T. JR. 1410 59TH ST. WEST BRADENTON FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSDD FISCELLA, KENNETH 1410 59TH ST. WEST BRADENTON FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HERRMAN, EDWARD 1410 59TH ST. WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles T. Polis Jr Date: 16 Mar '05 (941) 792-1477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR