

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519833

FILED
Jan 19, 2005
Secretary of State

Entity Name: AHMET O. GURSOY, M.D., P.A.

Current Principal Place of Business:

200 AVIATION DR N STE 9
NAPLES, FL 34104 US

New Principal Place of Business:

200 AVIATION DR NORTH
SUITE 9
NAPLES, FL 34104 US

Current Mailing Address:

200 AVIATION DR N STE 9
NAPLES, FL 34104 US

New Mailing Address:

200 AVIATION DR NORTH
SUITE 9
NAPLES, FL 34104 US

FEI Number: 36-2792950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURSOY, AHMET O
200 AVIATION DR N SUITE 9
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

GURSOY, AHMET O M.D.
200 AVIATION DR NORTH
SUITE 9
NAPLES, FL 34104 US

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.

SIGNATURE: AHMET O. GURSOY

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GURSOY, AHMET O,
Address: 200 AVIATION DR N
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GURSOY, AHMET O M.D.
Address: 200 AVIATION DR N
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHMET O. GURSOY

PT

01/19/2005

Electronic Signature of Signing Officer or Director

Date