# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 15, 2005**
**Secretary of State**

DOCUMENT# 530141

**Entity Name:** EMILIO M. MUFDI, M.D., P.A.

**Current Principal Place of Business:**

6120 WINKLER RD
SUITE G
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

1204 ALHAMBRA DRIVE
FT. MYERS, FL 33901 US

**Current Mailing Address:**

PO BOX 60919
FT. MYERS, FL 33906 US

**New Mailing Address:**

PO BOX 60919
FT. MYERS, FL 33906 US

**FEI Number: 59-1734453** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUFDI, M.D., EMILIO M
6120 WINKLER ROAD
SUITE G
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

MUFDI, M.D., EMILIO M
1204 ALHAMBRA DRIVE
FT. MYERS, FL 33901 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: _____ 03/15/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MUFDI, M.D., EMILIO M
Address: 6120 WINKLER RD, #G
City-St-Zip: FT. MYERS, FL 33919

Title: S ( ) Delete
Name: MUFDI, MARGARET
Address: 6120 WINKLER RD, #G
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: MUFDI, M.D., EMILIO M
Address: 1204 ALHAMBRA DRIVE
City-St-Zip: FT. MYERS, FL 33901

Title: S (X) Change ( ) Addition
Name: MUFDI, MARGARET
Address: 1204 ALHAMBRA DRIVE
City-St-Zip: FT. MYERS, FL 33901

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: EMILIO M MUFDI M.D. PRES 03/15/2005
Electronic Signature of Signing Officer or Director — Date