
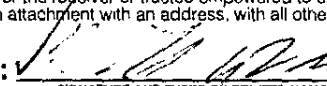


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 A
Secretary of State

DOCUMENT # 547877 1. Entity Name WILLIAM A. TRICE, M.D., P.A.					
Principal Place of Business 2723 SE MARICAMP ROAD OCALA, FL 34471			Mailing Address 107 N.E. 1ST AVE OCALA, FL 34470-6661 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1768300	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAM, TRICE A 2723 SE MARICAMP ROAD OCALA, FL 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRICE, WILLIAM A 2723 SE MARICAMP RD OCALA, FL 34471	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> 000000201107 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/05-80026-004 158.75 </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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: 		WILLIAM A. TRICE 1/25/05 (352) 732-5213			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			