


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 556238 1. Entity Name JOSEPH F. SULLIVAN, M.D., P.A.	
--	---

Principal Place of Business 201 8TH ST S. SUITE 203 NAPLES FL 34102 US	Mailing Address 201 8TH ST S. SUITE 203 NAPLES FL 34102 US
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
--------------------------------	--------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
---------------------	---------------------	--

City & State	City & State	
--------------	--------------	--

4. FEI Number 59-1789811	Applied For Not Applicable
---------------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CHABROW, PENN B. ESQ. 2222 PONCE DE LEON BLVD CORAL GABLES FL

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	---	------------

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD SULLIVAN, JOSEPH F. MD.	<input type="checkbox"/>
NAME	375 BOW LINE DRIVE	
STREET ADDRESS	NAPLES FL 34103	
CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/>
NAME	SULLIVAN, JUDITH W.	
STREET ADDRESS	375 BOW LINE DRIVE	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

U060000187676
01/24/05-80024-017 150.00

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

SIGNATURE: Joseph Sullivan Joseph Sullivan 1-19-05 339-263-092

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