

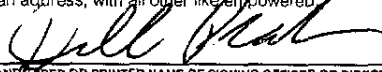


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 A
Secretary of State

DOCUMENT # 570724 1. Entity Name DURELL PEADEN, M.D., P.A.			
Principal Place of Business 298 WEDGEWOOD LANE CRESTVIEW, FL 32536			
Mailing Address PO BOX 1239 CRESTVIEW, FL 32536			
DO NOT WRITE IN THIS SPACE		03012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1837017	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEADEN, DURELL 298 WEDGEWOOD LANE CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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		<div style="text-align: right;">U00000280831 03/30/05-80036-004 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	PEADEN, DURELL		
STREET ADDRESS	298 WEDGEWOOD LANE		
CITY - ST - ZIP	CRESTVIEW, FL 32536		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		3/27/05 850-682-3418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	