

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 571211	
1. Entity Name E. CRAIG RABY, M.D., P.A.	
Principal Place of Business 310 S PALM AVE STE 10 PALATKA, FL 32177 US	Mailing Address 310 S PALM AVE STE 10 PALATKA, FL 32177 US



DO NOT WRITE IN THIS SPACE

02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1833560	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 RABY, NANCY M. 310 S PALM AVE STE 10 PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000259832
03/11/05-80039-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABY, E. CRAIG 310 SOUTH PALM AVENUE #10 PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RABY, NANCY M. 310 S PALM AVENUE #10 PALATKA, FL
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IN THIS SPACE**

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 an other like empowered.

SIGNATURE: Nancy M. Raby, Secy. Nancy M. Raby 3-9-05 386-328-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #