

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600891

Entity Name: D.E. CHASTAIN, M.D., P.A.

FILED
Feb 23, 2005
Secretary of State

Current Principal Place of Business:

137 BIRCH STREET
% D. E. CHASTAIN, M.D., P.A.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

PO BOX 2538
MURRELLS INLET, SC 29576

New Mailing Address:

FEI Number: 59-1264524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASTAIN, DOYLE E.
137 BIRCH STREET
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHASTAIN, DOYLE E.,
Address: 137 BIRCH STREET
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOYLE E. CHASTAIN

PRES

02/23/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date