

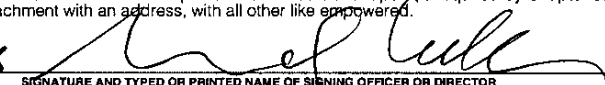


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90043 018 \*\*\*150.00

<b>DOCUMENT # 601405</b> 1. Entity Name <b>STANLEY I. CULLEN, M.D., P.A.</b>					
Principal Place of Business <b>6628 N.W. NINTH BLVD. GAINESVILLE, FL 32605-4207</b>			Mailing Address <b>6628 N.W. NINTH BLVD. GAINESVILLE, FL 32605-4207</b>		
2. Principal Place of Business <b>506 SW 42ND STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>506 SW 42ND STREET</b> Suite, Apt. #, etc.			
City & State <b>GAINESVILLE</b> Zip <b>32607</b>		City & State <b>GAINESVILLE</b> Zip <b>32607</b>		4. FEI Number <b>59-1270219</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CULLEN, STANLEY I 506 SW 42ND ST GAINESVILLE, FL 32601</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLEN, STANLEY I 6628 NW 9TH BLVD GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, DEAN 6400 NEWBERRY RD GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: X</b> 			2/4/05 352-372-1642 Date Daytime Phone #		