## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 601409** 

FILED Jun 29, 2005 Secretary of State

Entity Name: CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

130 PABLO STREET 130 PABLO STREET P.O. BOX 2098 P.O. BOX 2098

LAKELAND, FL 338069098 LAKELAND, FL 338062098

Current Mailing Address: New Mailing Address:

 130 PABLO STREET
 130 PABLO STREET

 P.O. BOX 2098
 P.O. BOX 2098

LAKELAND, FL 338069098 LAKELAND, FL 338062098

FEI Number: 59-1273583 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAIDER, KAMAL 130 PABLO ST

LAKELAND, FL 33806 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: MELTON, JAMES D JR. Name: MELTON, JAMES D JR.

Address: 130 PABLO ST Address: 130 PABLO ST

 City-St-Zip:
 LAKELAND, FL 338032098
 City-St-Zip:
 LAKELAND, FL 338032098

Title: VD ( ) Delete Title: DR (X) Change ( ) Addition Name: EASON, DONALD Name: EASON, DONALD

Address: 130 PABLO ST Address: 130 PABLO ST

City-St-Zip: LAKELAND, FL 338032098 City-St-Zip: LAKELAND, FL 338032098

Title: P ( ) Delete Title: DR (X) Change ( ) Addition
Name: HAIDER, KAMAL Name: HAIDER, KAMAL

Name: HAIDER, KAMAL Name: HAIDER, KAMAL
Address: 130 PABLO ST Address: 130 PABLO ST

City-St-Zip: LAKELAND, FL 338032098 City-St-Zip: LAKELAND, FL 338032098

Title: S () Delete Title: DR (X) Change () Addition

 Name:
 TALLO, RAUL
 Name:
 TALLO, RAUL

 Address:
 130 PABLO ST
 Address:
 130 PABLO ST

City-St-Zip: LAKELAND, FL 338032098 City-St-Zip: LAKELAND, FL 338032098

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf DR} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

 Name:
 CARRILLO, LUIS
 Name:
 CARRILLO, LUIS

 Address:
 130 PABLO STREET
 Address:
 130 PABLO STREET

 City-St-Zip:
 LAKELAND, FL 338032098
 City-St-Zip:
 LAKELAND, FL 338032098

Title: D ( ) Delete Title: DR (X) Change ( ) Addition

 Name:
 CHAN-PONG, JIMMY
 Name:
 CHAN-PONG, JIMMY

 Address:
 130 PABLO STREET
 Address:
 130 PABLO STREET

 City-St-Zip:
 LAKELAND, FL 338032098
 City-St-Zip:
 LAKELAND, FL 338032098

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: KAMAL HAIDER PRES 06/29/2005