2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 27, 2005 08:00 AM Secretary of State

AINTONE IN OIL					Secretary of State		
DOCUMENT # 604389 1. Entity Name LARMOYEUX CLINIC, P.A.					50	ciciary or stat	
Principal Place	of Business	Mailing Address	•		•	•	
124 EAST ASHLEY ST 124 EAST ASHLEY ST.							
		JACKSONVILLE, FL 32202		1			
				1 DESCRIPTION	I REKULTARDA KUDU KTAN IL	SS BEIDIE OSDET DIGES BESTIT DESTIT DIDIESTOS IL LAGOL	
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	Entity Name ARMOYEUX CLINIC, P.A. Incipal Place of Business 24 EAST ASHLEY ST. CKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPAC 6. Name and Address of Current Registered Agent ARMOYEUX, LOUIS J JR. 24 EAST ASHLEY ST. ACKSONVILLE, FL 32202 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. (GNATURE Signature, typed or piritud name of registered agent and size if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution. D. OFFICERS AND DIRECTORS ILE P LARMOYEUX, LOUIS J JR REET ADDRESS 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 124 E. ASHLEY ST. JACKSONVILLE, FL 32202 ILE TRAINER, III, JOHN E 125 TRAINER, III, JOHN E 126 TRAINER, III, JOHN E 127 TRAINER, III, JOHN E 128 TRAINER, III, JOHN E 129 TRAINER, III, JOHN E 129 TRAINER, III, JOHN E 120 TRAINER, III, JOHN E 120 TRAINER, III, JOHN E 121 TRAINER, III, JOHN E 125 TRAINER, III, JOHN E 126 TRAINER, III, JOHN E 127 TRAINER, III, JOHN E 128 TRAINER, III, JOHN E 129 TRAINER, III, JOHN E 120 TRAINER, III, JOHN E 120 TRAINER, III, JOHN E 121 TRAINER, III, JOHN E 121 TRAINER, III, JOHN E 122 TRAINER, III, JOHN E 124 TRAINER, III, JOHN E 125 TRAINER, III, JOHN E 126 TRAINER, III, JOHN E 127 TRAINER, III, JOHN E			04212005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-146		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent			t-	r ou roquiou	
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JACKSONVILLE, FL 32202			IN THIS SPACE				
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		e purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of F	iorida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	title il applicable. (NOTE, Register	ed Agent signature requires	d when reinstating)		DATE	
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FILE NOVIN FEE IS \$150.00				.00 May Be ded to Fees	(
10.	OFFICERS AND OT	RECTORS			, <u>, , , , , , , , , , , , , , , , , , </u>		
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12. I hereby of indicated	certily that the information supplied with the continuous properties on this report or supplemental report is transfer or the receiver or trustee empower, or on an attachment with an address, with	is filing does not qualify for the ex- ue and accurate and that my sign:	emption stated in S ature shall have the	ection 119.07(3) same legal effe)(I), Florida Statutes oct as if made unde	 I turther certify that the information roath; that I am an officer or director 	
of the cor	poration or the receiver or trustee empow	ered to execute this report as real	ired by Chapter 60	7, Florida Statut	tes; and that my nar	me appears in Block 10 or Block 11 i	
Changed,	, or on an attachment with an address, wit	The state of the s			404	353 56 96	