## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 18, 2005 08:00 AM
Secretary of State

|   | ANITORE I   | LIVIL  | <del></del>  | 1 1 10, 2003 00:00  |
|---|---|--|--|---|
| DOCUMENT # 612251  1. Entity Name CHARLES R. FREEBLE III, M.D., P.A.  |   |  | Secretary of State   |   |
| 7111 FIRST  | AVE., S.  | tailing Address<br>7111 FIRST AVE., S.<br>ST. PETERSBURG, FL 33707   |  |   |
| C   | OO NOT WRITE II   | The second secon | 03102005 No Chg-P CR2E034 (10/03)  |   |
| 6. Name and Address of Gurrent Registered Agent FREEBLE, CHARLES R. III 7111 FIRST AVE., S. ST. PETERSBURG, FL 33707  |   |  |  | DO NOT WRITE IN THIS SPACE  |
| the obligation of the state of | s named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and tilk  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00  |  | d Agent algorature required  |   |
| After W   | ay 1, 2009 Fee Will be \$550.00   |  |  |   |
| 10.   | OFFICERS AND DIRE   | CTORS  | I  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>FREEBLE, CHARLES R. III<br>2300 PELHAM ROAD<br>ST. PETERSBÜRG, FL   | _  |  | Unnnoo269059<br>03/18/05-80066-024 150.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <u>4</u> 27_275  |  | · · · · · · · · · · · · · · · · · · ·   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  | DO NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  | IN THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | and the second s |   |
| 12. I hereby of indicated of the cor  | certify that the information supplied with this fon this report or supplemental report is true poration or the receiver or trustee empowers or on a related more than the supplemental true to the supplemental true true to the supplemental true true true true true true true true | iling does not qualify for the exer<br>and accurate and that my signat<br>d to execute this report as required<br>to the file employeed  | nption stated in Secure shall have the s<br>ed by Chapter 607  | ction 119.07(3)(1). Florida Statutes. I further certify that the information tame legal effect as if made under oath; that I am an officer or director, Florida Statutes, and that my name appears in Block 10 or Block 11 if |