

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628652

FILED
Jan 15, 2005
Secretary of State

Entity Name: MYRON A. HARVEY, PH.D., P.A.

Current Principal Place of Business:

P.O. BOX 1599
VERO BEACH, FL 329611599 US

New Principal Place of Business:

8430 POINCIANA PLACE
VERO BEACH, FL 32963 US

Current Mailing Address:

P.O. BOX 1599
VERO BEACH, FL 329611599 US

New Mailing Address:

8430 POINCIANA PLACE
VERO BEACH, FL 32963 US

FEI Number: 59-1929610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, MYRON A DR.
P.O. BOX 1599
VERO BEACH, FL 329611599 US

Name and Address of New Registered Agent:

HARVEY, MYRON A DR.
8430 POINCIANA PLACE
VERO BEACH, FL 32963 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:

01/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARVEY, MYRON A DR.
Address: P.O. BOX 1599
City-St-Zip: VERO BEACH, FL 329611599

Title: VP () Delete
Name: HARVEY, DIANE L MRS.
Address: P.O. BOX 1599
City-St-Zip: VERO BEACH, FL 329611599

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARVEY, MYRON A DR.
Address: 8430 POINCIANA PLACE
City-St-Zip: VERO BEACH, FL 32963

Title: VP (X) Change () Addition
Name: HARVEY, DIANE L MRS.
Address: 8430 POINCIANA PLACE
City-St-Zip: VERO BEACH, FL 32963

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: DR. MYRON A. HARVEY

PD

01/15/2005

Electronic Signature of Signing Officer or Director

Date