FILED Apr 25, 2005 8:00 am Secretary of State **2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 678703** 04-25-2005 90260 005 ***150.00 1. Entity Name MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M.D.'S, P.A. Principal Place of Business Mailing Address 21292 PEMBERTON AVE. P.O. BOX 496385 20045846 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33949-6385 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2011712 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired п Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACDONALD, BRUCE D., M.D. Street Address (P.O. Box Number is Not Acceptable) 2525 HARBOR BLVD. SUITE 307 PORT CHARLOTTE, FL 33952 Citv Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 □. Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD Delete TITLE Addition Change MACDONALD, BRUCE D. NAME NAME STREET ADDRESS STREET ADDRESS 36261 WASHINGTON LOOP RD CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-ZIP ST Delete TITLE TITLE Change Addition ESCHLEMAN, A. ROBERT NAME NAME **1055 YORKSHIRE ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZP PT CHARLOTTE, FL CITY-ST-ZIP VP Deleta TITLE VP Heagney, Michael C. Change Addition TITLE NAME HEAGNEY, MICHAEL C. NAME 4550 Grassy Pt Blvd. STREFT ADDRESS 4550 GRASSY PT BLVD STREET ADDRESS Pt. Charlotte, FL CITY - ST - ZIP PORT CHARLOTTE, FL CITY-ST-ZIP Delete TITLE VP TITLE VP K Change Addition FABIAN, THOMAS M. NAME Fabian, Thomas M. NAME 4520 GRASSY PT BLVD STREET ADDRESS STREET ADDRESS 4520 Grassy Pt Blvd. CITY-ST-ZIP PORT CHARLOTTE, FL CITY-ST-ZIP Port Charlotte FL Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 1 CITY-ST-ZIP CITY ST-ZIP · 🗋 Delete TITLE TITLE 0.3 Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 by 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. SIGNATURE: A ¥o

ED NAME OF BIGNING OFFICER OR DIRECTOR

N TOUTUS Date

Daytime Phone #