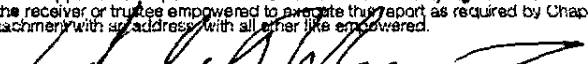


FILED
Apr 25, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 681945			
1. Entity Name HERBERT E. BROOKS, M.D., P.A.			
Principal Place of Business 310 BYRD AVENUE BONIFAY, FL 32425		Mailing Address 310 BYRD AVENUE BONIFAY, FL 32425	
DO NOT WRITE IN THIS SPACE			
		 04132005 No Chg-P CR2E034 (10/03)	
		4. FFI Number 59-2021817	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent BROOKS, HERBERT E. 310 BYRD AVENUE BONIFAY, FL 32425		DO NOT WRITE IN THIS SPACE	
9. 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 file if applicable. (NOTE: Registered Agent signature required when terminating.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BROOKS, HERBERT E. 310 BYRD AVENUE BONIFAY, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BROOKS, HERBERT E. 310 BYRD AVENUE BONIFAY, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS 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)(f), 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 to 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 life empowered.			
SIGNATURE: 		4/22/05 850-547-2611	