

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685996

FILED
Jan 05, 2005
Secretary of State

Entity Name: PETER ALAN TUBY M.D., P.A.

Current Principal Place of Business:

5258 LINTON BLVD., #201
DELRAY BEACH, FL 33484

New Principal Place of Business:

5258 LINTON BLVD.
SUITE 201
DELRAY BEACH, FL 334846564 PB

Current Mailing Address:

5258 LINTON BLVD., #201
DELRAY BEACH, FL 33484

New Mailing Address:

5258 LINTON BLVD.
SUITE 201
DELRAY BEACH, FL 334846564 PB

FEI Number: 59-2019650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUBY, PETER A. M.D.
5258 LINTON BLVD.
201
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

TUBY, PETER A. M.D.
5258 LINTON BLVD.
SUITE 201
DELRAY BEACH, FL 334846564 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:

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: TUBY, PETER ALAN, M., D.
Address: 5258 LINTON BLVD., #201
City-St-Zip: DELRAY BEACH, FL

Title: T () Delete
Name: TUBY, PETER ALAN, M., D.
Address: 5258 LINTON BLVD., #201
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: TUBY, PETER ALAN, M., D.
Address: 5258 LINTON BLVD., #201
City-St-Zip: DELRAY BEACH, FL 334846564

Title: T (X) Change () Addition
Name: TUBY, PETER ALAN, M., D.
Address: 5258 LINTON BLVD., #201
City-St-Zip: DELRAY BEACH, FL 334846564

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: PETER A. TUBY M.D.

P

01/05/2005

Electronic Signature of Signing Officer or Director

Date