## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** Mar 18, 2005 8:00 am Secretary of State 02-17-2005 90029 044 \*\*\*150.00 2/

1. Entity Nam	MENT # 689338 A L. REPIEDAD M.D., P.A.				0 <b>2 1</b> 7 <b>2</b> 00	,	120.00
Principal Place of Business Mailing Address 1216 S.E. 24TH ROAD ) 1216 S.E. 24TH ROAD OCALA, FL 32671 OCALA, FL 32671							
DO NOT WRITE IN THIS SPACE				01202005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional			
8. Name and Address of Current Registered Agent REPIEDAD, TERESITA L MD 1216 S.E. 24TH ROAD OCALA, FL 32671			DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the purpose of changing its registered office or registers the obligations of registered agent.  SIGNATURE  Sgraum, hyped or prined name of registered agent and title I applicable.  (NOTE: Registered Agent agreetive required.  FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.					th, in the State of Floi	DATE	millar with, and accept
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS AND DI PST REPIEDAD, TERESITA L 1216 S.E. 24TH ROAD OCALA, FL VD REPIEDAD, AGUINALDO V 1216 S.E. 24TH ROAD OCALA, FL	RECTORS				80 S Pro-	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · ·		10.000000	NOT W THIS SP	ning kana	
NAME STREET ADDRESS CITY-ST-ZP '-	21 0002 21 0002						

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 of 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 like empowered.

SIGNATURE:

SIGNATURE:

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