

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F04040

1. Entity Name  
EARL BRITT, M.D., P.A.



Principal Place of Business  
227 SOUTH CALHOUN ST  
TALLAHASSEE, FL 32301-1805

Mailing Address

227 SOUTH CALHOUN ST  
TALLAHASSEE, FL 32301-1805

2. Principal Place of Business

1625 Physicians Dr.  
Suite, Apt. #, etc.

3. Mailing Address

1625 Physicians Dr.

Suite, Apt. #, etc.

City & State  
Talla, FL

Zip 32308 Country Leon

City & State  
Tallahassee, Fl

Zip 32308 Country Leon

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A  
227 SOUTH CALHOUN ST  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME BRITT, EARL M D  
STREET ADDRESS 8915 BUCK LAKE RD  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600060259556

10/05/05-01056--003 \*\*150.00

TITLE PST  Delete  
NAME BRITT, EARL M D  
STREET ADDRESS 8915 BUCK LAKE RD  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/05/05-01056--003 \*\*150.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/05/05-01056--003 \*\*150.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/05/05-01056--003 \*\*150.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/05/05-01056--003 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered.

SIGNATURE:

*Earl Britt* *Robert Solmon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/29/05*  
Date Daytime Phone #



FILED  
05 OCT -5 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA