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Secretary of State

03-14-2005 90083 030 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F27961

1. Entity Name
ERIC D. WESTON, M.D., P.A.

Principal Place of Business	Mailing Address
1106 DRUID ROAD SOUTH SITE 201 CLEARWATER, FL 33756	1106 DRUID ROAD SOUTH SUITE 201 CLEARWATER, FL 33756

03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2074691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERNER, JODY S M.D.
1106 DRUID ROAD SOUTH
SUITE 201
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name: WESTON, ERIC D M.D.
Street Address (P.O. Box Number is Not Acceptable): 1106 DRUID Rd So #201
City: CLEARWATER FL Zip Code: 33756

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] 3-10-05
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES BERNER, JODY S M.D. 1106 DRUID ROAD SOUTH #201 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WESTON, ERIC D MD 1106 DRUID Rd So #201 CLEARWATER, FL 33756	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WESTON, ERIC D M.D. 1106 DRUID ROAD SOUTH #201 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AVILES, LOUIS MD 1106 DRUID Rd So #201 CLEARWATER FL 33756	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST AVILES, LOUIS M.D. 1106 DRUIS ROAD SOUTH #201 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STECKLER, ERIC A MD 1106 DRUID Rd So #201 CLEARWATER, FL 33756	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR STECKLER, ERIC A M.D. 1106 DRUID ROAD SOUTH #201 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR Berner, Jody S MD 1106 DRUID Rd So #201 CLEARWATER, FL 33756	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR AHN, JOHN H D.O. 1106 DRUID ROAD SOUTH #201 CLEARWATER, FL 33756	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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] 3-10-05 (727) 442-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #