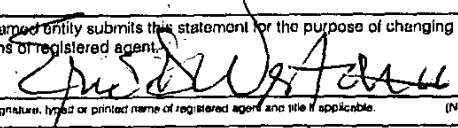
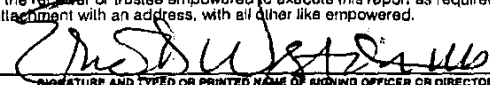


FILED
Mar 14, 2005 8:00 am
Secretary of State

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 1106 DRUID ROAD SOUTH SITE 201 CLEARWATER, FL 33756		Mailing Address 1106 DRUID ROAD SOUTH SUITE 201 CLEARWATER, FL 33756	
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 		DATE 3-10-05	
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 M.D. 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 M.D. 1106 DRUID Rd So #201 CLEARWATER, FL 33756 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AVILES, LOUIS M.D. 1106 DRUID ROAD SOUTH #201 CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STECKLER, ERIC A M.D. 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 M.D. 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: 		DATE 3-10-05 (727) 442-7181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	