

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31594

FILED
Jul 08, 2005
Secretary of State

Entity Name: PAUL R. WINTERS, M.D., P.A.

Current Principal Place of Business:

% PAUL R WINTERS, M.D.
13801 BRUCE B DOWNS BLVD #401
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

% PAUL R WINTERS, M.D.
13801 BRUCE B DOWNS BLVD #401
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2097293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, PAUL R., MD
13801 BRUCE B. DOWNS
SUITE 401
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WINTERS, PAUL R., MD,
Address: 13801 BRUCE B DOWNS, #401
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: WINTERS, PAUL R., MD,
Address: 13801 BRUCE B DOWNS, STE 401
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WINTERS, PAUL R., MD,
Address: 13801 BRUCE B DOWNS, #401
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change () Addition
Name: WINTERS, PAUL R., MD,
Address: 13801 BRUCE B DOWNS, STE 401
City-St-Zip: TAMPA, FL 33613

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: PAUL R. WINTERS MD

PST

07/08/2005

Electronic Signature of Signing Officer or Director

Date