

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90038 016 ***155.00

DOCUMENT # F90309

1. Entity Name

MICHAEL O. STICK, M.D., P.A.



Principal Place of Business

% MICHAEL O STICK, M.D.
 RT 1 BOX 335
 MADISON FL 32340

Mailing Address

% MICHAEL O STICK, M.D.
 RT 1 BOX 335
 MADISON FL 32340

40017400



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.
 2599 SW C.R. 360A

City & State
 Madison, FL

Zip
 32340

Country
 USA

3. Mailing Address

Suite, Apt. #, etc.
 2599 SW CR 360A

City & State
 Madison, FL

Zip
 32340

Country
 USA

4. FEI Number
 59-2207736

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STICK, MICHAEL O
 RT 1 BOX 335
 MADISON FL

7. Name and Address of New Registered Agent

Name
 Michael O. Stick

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

2599 SW CR 360A

City
 Madison

FL

Zip Code
 32340

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

2/4/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	STICK, MICHAEL O	RT. 1 BOX 335 N/A	MADISON, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DR	STICK, Michael O.	2599 SW CR 360A	Madison FL 32340	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

850-973-3613

Daytime Phone #