

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97054

FILED
Jan 07, 2005
Secretary of State

Entity Name: FRANCILLE M. MACFARLAND, M.D., P.A.

Current Principal Place of Business:

1110 N. KENTUCKY AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

1901 LEE RD.
WINTER PARK, FL 32789

Current Mailing Address:

1110 N. KENTUCKY AVE.
WINTER PARK, FL 32789

New Mailing Address:

P.O. BOX 2665
WINTER PARK, FL 32790

FEI Number: 59-2215437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACFARLAND, FRANCILLE M., M.D.
1110 N. KENTUCKY AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MACFARLAND, FRANCILLE M., M.D.
P.O. BOX 2665
WINTER PARK, FL 32790 US

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: FRANCILLE MACFARLAND

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MACFARLAND, FRANCILL, E M
Address: 1110 N. KENTUCKY AVE.
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: MACFARLAND, FRANCILL, E M
Address: 1110 N. KENTUCKY AVE.
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MACFARLAND, FRANCILL, E M
Address: P.O. BOX 2665
City-St-Zip: WINTER PARK, FL 32790

Title: D (X) Change () Addition
Name: MACFARLAND, FRANCILL, E M
Address: P.O. BOX 2665
City-St-Zip: WINTER PARK, FL 32790

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: FRANCILLE MACFARLAND

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date