2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # G11290 1. Entity Name PHILIP S. RASULO, M.D., P.A.						Sec	cretary of State	
Principal Place of Business Mailing Address 724 39TH ST., W. 724 39TH ST. BRADENTON, FL 34205 BRADENTON,								
	1.48 (1.46) 1.48 (1.46) 1.46 (1.46) 1.46 (1.46)	e Maria de Argineta de Carlos de Car	Applications of the second second and the second se	aught in Sandall Backer Sandall in a Sandall in all in a Sandall in all		01032005	No Chg-P	CR2E034 (10/03)
<u>L</u>		ning personal section of the light	मुद्रोतको नेपूर्व सुन्धानुस्रक्षत्र कुल्लाहा १९७१ - १८०० व्याच्या	erigan in difference. Lateral in 1991 (1991)	on the officer such such as such that the such such that the such that the	 FEI Numb 59-223 Certificate 		Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Addre	ss of Current Regis	tered Agent					
RASULO, PHILIP S., M.D. 724 39TH ST WEST BRADENTON, FL 34205					DO NOT WRITE IN THIS SPACE			
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tille if explicable. [NOTE, Registered Agent signature required when refristating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASULO, PHILIP S 724 39TH ST CT NV BRADENTON, FL	•	CTORS	1	g, Europe (1) e (1) e (2) e (2	rş <u>t, rn</u> ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								0178746 -80040-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						IN T	THIS SF	ACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					and the second		(e)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						• • •		
12. I hereby a indicated of the corchanged.	certify that the information on this report or suppler poration or the ecologic or on an attachment with	n supplied with this fi gental report is true a of truetee emplowered a staddress with al	ing does not qual nd accurate and l to execute this re other like empow	ify for the exer that my signat aport as requir ered.	mption stated in Secure shall have the steel by Chapter 607	ction 119.07(3)(same legal effect , Florida Statute	i), Florida Statutes. I et as if made under o s; and that my name	further certify that the information eath; that I am an officer or director appears in Block 10 or Block 11 if