

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90147 014 \*\*\*150.00

**20029418**



04052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # G73512</b> 1. Entity Name WILLIAM C. BOYD, D.O., P.A.			
Principal Place of Business 9375 U.S. 19, N. PINELLAS PARK, FL 33782 US		Mailing Address 9375 U.S. 19, N. PINELLAS PARK, FL 33782 US	
2. Principal Place of Business 8551 - 141 <sup>ST</sup> ST. N. Suite, Apt. #, etc.		3. Mailing Address 8551 - 141 <sup>ST</sup> ST. N. Suite, Apt. #, etc.	
City & State SEMINOLE FL Zip 33776 Country		City & State SEMINOLE FL Zip 33776 Country	
4. FEI Number 59-2343571		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BOYD, WILLIAM C. 9375 U.S. 19 N. PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 8551 - 141 <sup>ST</sup> ST. N.  City SEMINOLE FL Zip Code 33776	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DR BOYD, WILLIAM C. 9375 U.S. 19 N. PINELLAS PARK, FL 33782	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8551 - 141 <sup>ST</sup> ST. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William C. Boyd</i> DPOA		Date: 4-7-05 (727) 577-1722	