2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# H08251

Entity Name: JOHN R. CAPONE, M.D., P.A.

Current Principal Place of Business:

14440 MILITARY TRAIL
DELRAY, FL 33984

New Principal Place of Business:

14440 MILITARY TRAIL
DELRAY, FL 33484

Current Mailing Address:

JOHN R. CAPONE, M.D.
800 SEASAGE DRIVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2418935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPONE, JOHN R.
14440 MILITARY TRAIL
DELRAY BEACH, FL 33484 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAPONE, JOHN R.,
Address: 14440 MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: CAPONE, JOHN R.,
Address: 14440 MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

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: JOHN R. CAPONE MD 01/03/2005

Electronic Signature of Signing Officer or Director — Date