

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 048 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # H18683 1. Entity Name DRUCKER & GAILLARD, P.A.					
Principal Place of Business % PHILIP P. GAILLARD, M.D. 8837 GOODBY'S EXEC DR. JACKSONVILLE, FL 32217			Mailing Address % PHILIP P. GAILLARD, M.D. 8837 GOODBY'S EXEC DR. JACKSONVILLE, FL 32217		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2439242	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAILLARD, PHILIP P., M.D. 8837 GOODBY'S EXEC DR. JACKSONVILLE, FL 32217			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAILLARD, PHILIP P., MD		NAME		
STREET ADDRESS	8837 GOODBY'S EXEC DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL S. DRUCKER		NAME		
STREET ADDRESS	8837 GOODBY'S EXEC DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			4/26/05 904/731-7650		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					