

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53050

FILED
Apr 23, 2005
Secretary of State

Entity Name: JERRY A. WISHIK, M.D.,P.A.

Current Principal Place of Business:

% J. BOB HUMPHRIES
620 VONDERBERG DR.
BRANDON, FL 33511

New Principal Place of Business:

620 VONDERBERG DR.
BRANDON, FL 33511

Current Mailing Address:

% J. BOB HUMPHRIES
620 VONDERBERG DR.
BRANDON, FL 33511

New Mailing Address:

620 VONDERBERG DR.
BRANDON, FL 33511

FEI Number: 59-2522596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, CODY W
FOWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WISHIK, JERRY
PHYSICIAN CARE WALK-IN CLINIC
620 VONDERBERG DRIVE
BRANDON, FL 33511 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: JERRY WISHIK

04/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WISHIK, JERRY A., M., D.
Address: 1305 N RIVERHILLS DR
City-St-Zip: TEMPLE TERR, FL 33617

Title: S () Delete
Name: WISHIK, JERRY A., M., D.
Address: 1305 N RIVERHILLS DR
City-St-Zip: TEMPLE TERR, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JERRY A. WISHIK, M.D.

DPTS

04/23/2005

Electronic Signature of Signing Officer or Director

Date