2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60969

Entity Name: BRUCE S. SELDEN M.D., P.A.

FILED Jan 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2855 UNIVERSITY DR CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

2855 UNIVERSITY DR 2855 UNIVERSITY DR CORAL SPRINGS, FL 33065 300

CORAL SPRINGS, FL 33065

FEI Number: 59-2543802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SELDEN, BRUCE S., M.D.

2855 N UNIVERSITY DR

CORAL SPRINGS, FL 33065 US

SELDEN, BRUCE S., M.D., P.A.

2855 N UNIVERSITY DR

300

CORAL SPRINGS, FL 33065 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: BRUCE S. SELDEN 01/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BRUCE S. SELDEN M.D., , P.A. BRUCE S. SELDEN M.D., , P.A. Name: Name: 1740 NW 127TH WAY Address: 1740 NW 127TH WAY Address: City-St-Zip: CORAL SPRINGS, FL City-St-Zip: CORAL SPRINGS, FL 33071

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: BRUCE S. SELDEN PRES 01/19/2005