2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# H62089

Entity Name: HOWARD M. IMANUEL, D.P.M., P.A.

Current Principal Place of Business:

13681 METROPOLIS AVENUE
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13681 METROPOLIS AVENUE
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 59-2538957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IMANUEL, HOWARD M.
13681 METROPOLIS AVENUE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

IMANUEL, HOWARD M DPM
13681 METROPOLIS AVENUE
FT. MYERS, FL 33901 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: HOWARD M IMANUEL, DPM 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPM ( ) Delete
Name: IMANUEL, HOWARD M.,
Address: 13681 METROPOLIS AVE
City-St-Zip: FT. MYERS, FL

Title: DPM ( ) Delete
Name: GRILLO, JOSEPH
Address: 8641 KILKENNY CT.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPM (X) Change ( ) Addition
Name: IMANUEL, HOWARD M DPM
Address: 13681 METROPOLIS AVE
City-St-Zip: FT. MYERS, FL

Title: DPM (X) Change ( ) Addition
Name: GRILLO, JOSEPH DPM
Address: 8641 KILKENNY CT.
City-St-Zip: FORT MYERS, FL 33912

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: HOWARD M IMANUEL DR 04/25/2005
Electronic Signature of Signing Officer or Director Date