

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32251

FILED
Feb 10, 2005
Secretary of State

Entity Name: MICHAEL J. SINCLAIR, M.D.P.A.

Current Principal Place of Business:

13005 STATE ROAD 80
PALMS WEST MEDICAL MALL I, SUITE 111
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 STATE ROAD 80
PALMS WEST MEDICAL MALL I, SUITE 111
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 59-2698904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINCLAIR, MICHAEL J.
13005 STATE ROAD 80 STE 111
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD., SUITE 604
PALM BEACH GARDENS, FL 33410 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: MICHAEL S. SINGER

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SINCLAIR, MICHAEL J.,
Address: 13005 STATE RD 80, #111
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL J. SINCLAIR

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02/10/2005

Electronic Signature of Signing Officer or Director

Date