2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 10, 2005 08:00 AM DOCUMENT # J42092 **Secretary of State** 1. Entity Name ROBIN A. SYKES, M.D., P.A., INC. Mailing Address Principal Place of Business 2055 MILITARY TRAIL 2055 MILITARY TRAIL 305 JUPITER, FL 33458 US JUPITER, FL 33458 US CR2E034 (10/03) 01052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2746206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PASSARIELLO, JOHN **6466 NW 5TH WAY** FT, LAUDERDALE, FL 33458 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recustered Agent signature required when registating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. <u>1J00000</u>176695 TITLE 01/11/05-80007-015 150.00 NAME SYKES, ROBIN A., MD 5387 PENNOCK POINT ROAD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statufes. 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.

OR DIRECTOR