

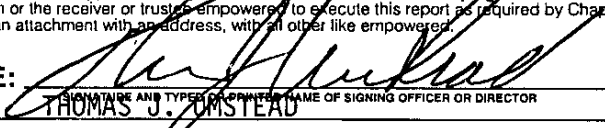


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90086 012 \*\*\*150.00

<b>DOCUMENT # K55878</b> 1. Entity Name THOMAS J. UMSTEAD, M.D., P.A.					
Principal Place of Business 2102 TRINITY OAKS BLVD. 203 NEW PORT RICHEY, FL 34655 US			Mailing Address 2102 TRINITY OAKS BLVD 200 NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 1812 Healthcare Dr.  Suite, Apt. #, etc.			
City & State		City & State New Port Richey, FL		04252005    Chg-P    CR2E034 (10/03)	
Zip    Country		Zip    Country 34655    US		4. FEI Number 59-2922715	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  UMSTEAD, THOMAS J. 2102 TRINITY OAKS BLVD #203 NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMSTEAD, THOAMS J. 2102 TRINITY OAKS BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE:  4/28/05 THOMAS J. UMSTEAD    Daytime Phone #					