2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# K56080

Entity Name: DENNIS R. WARD, M.D., P.A.

Current Principal Place of Business:

201 MAITLAND AVENUE
SUITE 1017
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

201 MAITLAND AVENUE
SUITE 1017
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2922218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, DENNIS R.
201 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: WARD, DENNIS R.,
Address: 201 MAITLAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: T ( ) Delete
Name: WARD, DENNIS R.,
Address: 201 MAITLAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: WARD, DENNIS R.,
Address: 201 MAITLAND AVE. SUITE 1017
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T (X) Change ( ) Addition
Name: WARD, DENNIS R.,
Address: 201 MAITLAND AVE. SUITE 1017
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DENNIS R. WARD, MD PRES 01/11/2005
Electronic Signature of Signing Officer or Director — Date