


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90074 032 \*\*\*150.00

<b>DOCUMENT # L05772</b> 1. Entity Name RHEUMATOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.	
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Principal Place of Business 3861 OAKWATER CIR. SUITE 2 ORLANDO, FL 32806	Mailing Address 3861 OAKWATER CIR. SUITE 2 ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2958999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FREEMAN, PAMELA G MD 3861 OAKWATER CIR. STE. 2 ORLANDO, FL 32806	<b>DO NOT WRITE IN THIS SPACE</b>
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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 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FREEMAN, PAMELA G MD 3861 OAKWATER CIR. STE. 2 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASSELBRING, CARYN G 3861 OAKLAND CIR. STE. 2 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUMMERS, LAURA B 3861 OAKWATER CIRCLE STE 2 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2005  
Date Daytime Phone #

407-854-4540