


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L07153 1. Entity Name NORMA L. WAITE, M.D., P.A.	
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Principal Place of Business C/O NORMA L. WAITE M.D. 7479 CONROY ROAD, SUITE B ORLANDO, FL 32835	Mailing Address C/O NORMA L. WAITE M.D. 7479 CONROY ROAD, SUITE B ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2964189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WAITE, NORMA L M.D. 7479 CONROY ROAD SUITE B ORLANDO, FL 32835
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**DO NOT WRITE
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 *Norma L. Waite, M.D.* DATE 6-28-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAITE, NORMA L 7479 CONROY ROAD, SUITE B ORLANDO, FL 32835
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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: *Norma L. Waite, M.D.* 6-28-05 292-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #