
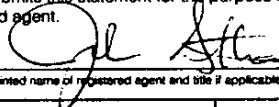
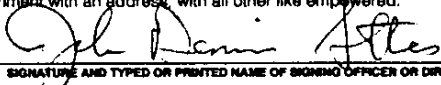


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90114 031 ***150.00

DOCUMENT # L41038 1. Entity Name JOHN DENNIS STOKES, M.D., P.A.					
Principal Place of Business 2323 CURLEW RD STE 6B PALM HARBOR, FL 34683 US			Mailing Address 1002 WATERS EDGE RD. CHAMPAIGN, IL 61822 US		
2. Principal Place of Business 1454 Manatee Circle		3. Mailing Address Suite, Apt. #, etc.			
City & State Tarpon Springs, FL		City & State		4. FEI Number 59-2983742	
Zip 34689		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOKES, JOHN 3853 HARVEST MOON DR. PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name STOKES, JOHN Street Address (P.O. Box Number is Not Acceptable) 1454 Manatee Circle City Tarpon Springs FL Zip Code 34689	
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:  DATE: 3/11/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	PTD STOKES, JOHN DENNIS 3853 HARVEST MOON DR. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STOKES, JOHN DENNIS 1454 Manatee Circle Tarpon Springs, FL 34689
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STOKES, GAYLE E 3853 HARVEST MOON DR. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STOKES, GAYLE E 1454 Manatee Circle Tarpon Springs, FL 34689
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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:  JOHN DENNIS STOKES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 3/11/05 Daytime Phone #: 727-455-4806					