2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# L52756

Entity Name: PAUL H. SKAGGS, M.D., P.A.

Current Principal Place of Business:

1485 37TH ST
STE 107
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1485 37TH ST
STE 107
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-0179678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKAGGS, PAUL H MD
1485 37TH STREET
SUITE 107
VERO BEACH, FL 32960 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: D ( ) Delete
Name: SKAGGS, PAUL H.,
Address: 3009 NASSAU DR
City-St-Zip: VERO BEACH, FL

Title: D ( ) Delete
Name: WERNICKI, JOANNE W.,
Address: 1485 37TH STREET, STE 107
City-St-Zip: VERO BEACH, FL

Title: D (X) Delete
Name: NORCONK, JAMES J. J
Address: 1485 37TH STREET, SUITE 107
City-St-Zip: VERO BEACH, FL

Title: D ( ) Delete
Name: HATTEN, PAUL H JR
Address: 1485 37TH ST STE 107
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SKAGGS, PAUL H.,
Address: 3009 NASSAU DR
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAUL H. SKAGGS, M.D. D 01/27/2005

Electronic Signature of Signing Officer or Director Date