2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# L82648

Entity Name: CHEST MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

1895 FLOYD STREET
SARASOTA, FL 342392349 US

New Principal Place of Business:

Current Mailing Address:

4673 STONERIDGE TRAIL
SARASTOA, FL 34232

New Mailing Address:

FEI Number: 65-0216062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, DAVID S
240 S. PINEAPPLE AVENUE
9TH FLOOR
SARASOTA, FL 34236 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: PTD ( ) Delete
Name: HARCUP, CRAIG H
Address: 1895 FLOYD STREET
City-St-Zip: SARASOTA, FL 342392349

Title: V ( ) Delete
Name: HARCUP, DEBORAH
Address: 1895 FLOYD STREET
City-St-Zip: SARASOTA, FL 342392349

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CRAIG HARCUP PTD 03/01/2005

Electronic Signature of Signing Officer or Director — Date