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May 10, 2005 8:00 am
Secretary of State

05-10-2005 90118 014 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L86298

PHYSICIANS CARE, P.A.



50051387



1. Legal Name of Business 132 E. MADISON STREET STARKE, FL 32091		Mailing Address 132 E. MADISON STREET STARKE, FL 32091 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3021926		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 SIKES, PA, CHARLES DANIEL 407 W. GEORGIA STREET STARKE, FL 32091		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. I, the undersigned, submit 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 provisions of the Florida Statutes. Signature: <i>[Signature]</i> DATE: 2/3/05 (NOTE: Registered Agent signature required when reinstating)			
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	
DP RESTEA, GEORGE L. 132 E MADISON ST STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
T RESTEA, GEORGE L. 132 E MADISON ST STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 an otherlike empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/3/05 Daytime Phone #: 904 964 6500	