


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90057 048 ***150.00

DOCUMENT # M88745	
1. Entity Name JAMES T. SUTTON, M.D., P.A.	

Principal Place of Business 311 NORTH CLYDE MORRIS BLVD. SUITE 550 DAYTONA BEACH, FL 32114-2776	Mailing Address 311 NORTH CLYDE MORRIS BLVD. SUITE 550 DAYTONA BEACH, FL 32114-2776
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2. Principal Place of Business 1890 LPGA Boulevard Suite, Apt. #, etc. Suite 250 City & State Daytona Beach, FL Zip 32117	3. Mailing Address 1890 LPGA Boulevard Suite, Apt. #, etc. Suite 250 City & State Daytona Beach, FL Zip 32117
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01122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2899884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUTTON, JAMES T. 311 NORTH CLYDE MORRIS BLVD. SUITE 550 DAYTONA BEACH, FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1890 LPGA Boulevard Suite 250 City Daytona Beach FL Zip Code 32117
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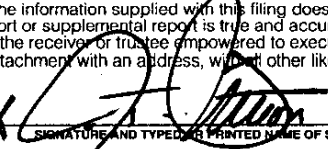
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, JAMES T. 357 JOHN ANDERSON DRIVE ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, without other like empowered.

SIGNATURE:  **JAMES T. SUTTON** Date **1/12/05** Daytime Phone # **(386) 274 0250**