


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M92382 1. Entity Name MERRITT-TITUS, P.A.	
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Principal Place of Business 1855 KNOX MCRAE DR. 1917 KNOX MCRAE DRIVE TITUSVILLE, FL 32780 US	Mailing Address 1855 KNOX MCRAE DR. 1917 KNOX MCRAE DRIVE TITUSVILLE, FL 32780 US
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2901079	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 KINSELLA, ANTHONY 1855 KNOX MCRAE DR TITUSVILLE, FL 32780
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINSELLA, ANTHONY M.D. 400 N CARPENTER TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLAHERTY, JOHN W. M.D. 725 ACORN ST MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN EATON, LEONARD W MD 5045 KIRKWOOD TRAIL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/05-80016-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leonard Van Eaton **3/29/05** **321-269-2028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #