


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90130 048 ****61.25

| | | | | | |
|---|------------------------|--|---|--|--|
| DOCUMENT # N11882 | | | |  | |
| 1. Entity Name CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC. | | | | | |
| Principal Place of Business 901 CENTRAL PKWY STUART, FL 34994 US | | | Mailing Address PO BOX 6195 STUART, FL 34997 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0085431 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROBINSOND, CONNIE J 1988 SE MONROE ST STUART, FL 34997 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLAGHER, FRANK | | NAME | | |
| STREET ADDRESS | 961 CENTRAL PKWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 34997 | | CITY-ST-ZIP | | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | Ned Kerr | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEYERS, CLYDE | | NAME | 941 Central Parkway | |
| STREET ADDRESS | 955 CENTRAL PKWY | | STREET ADDRESS | Stuart FL 34994 | |
| CITY-ST-ZIP | STUART, FL 34994 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDER, JOSEPH | | NAME | | |
| STREET ADDRESS | 963 CENTRAL PKWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 34996 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUTES, ARTHUR L | | NAME | | |
| STREET ADDRESS | 909 & 911 CENTRAL PKWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 34996 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, STUART | | NAME | | |
| STREET ADDRESS | 959 CENTRAL PKWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 34996 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 617, 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: _____ | | Date | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 4/19/05 | | | |