

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010794

FILED
Jan 28, 2005
Secretary of State

Entity Name: FRED T. CREECH, M.D., P.A.

Current Principal Place of Business:

304 DELPRADO BLVD. SOUTH
CAPE CORAL, FL 33990

New Principal Place of Business:

304 DELPRADO BLVD. SOUTH
SUITE C
CAPE CORAL, FL 33990

Current Mailing Address:

304 DELPRADO BLVD. SOUTH
CAPE CORAL, FL 33990

New Mailing Address:

304 DELPRADO BLVD. SOUTH
SUITE C
CAPE CORAL, FL 33990

FEI Number: 65-0975215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREECH, FRED T M.D.
304 DELPRADO BLVD. SOUTH
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

CREECH, FRED T M.D.
304 DELPRADO BLVD. SOUTH
SUITE C
CAPE CORAL, FL 33990 US

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: FRED T. CREECH, M.D.

01/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CREECH, FRED T M.D.
Address: 304 DELPRADO BLVD. SOUTH
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRED T. CREECH, M.D.

D

01/28/2005

Electronic Signature of Signing Officer or Director

Date