2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017302

Entity Name: ART OF MEDICINE, P.A.

JACKSONVILLE, FL 32205

City-St-Zip:

FILED Jan 10, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
1741 EDGEWOOD AVE. S. JACKSONVILLE, FL 322058411			1801 BARRS STREET JACKSONVILLE, FL 3	1801 BARRS STREET, SUITE 635 JACKSONVILLE, FL 32204	
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
	EWOOD AVE IVILLE, FL 32:				
FEI Number	: 59-3627949	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
417 CASS JACKSON The above	IVILLE, FL 32		e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BALBONA, ED 1741 EDGEW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BALBONA, KA) Delete I'HLEEN T DOD AVE SOUTH	Title: Name: Address:	() Change () Addition	

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: KATHLEEN T. BALBONA S 01/10/2005