


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000050496 1. Entity Name EAST BAY ACCIDENT AND WELLNESS CENTER, P.A.	
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Principal Place of Business 800 EAST BAY DRIVE LARGO, FL 33770	Mailing Address 800 EAST BAY DRIVE LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3641271	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

ROGERS, MARC DR
800 EAST BAY DR., SUITE P
LARGO, FL 33770-2554

**DO NOT WRITE
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 ROGERS, MARC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGERS, MARC J DC 800 EAST BAY DRIVE SUITE P LARGO, FL 33770

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02/10/05-80056-019 150.00

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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: [Signature] 2/7/05 721) 481-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #