

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067026

FILED
May 02, 2005
Secretary of State

Entity Name: JANICE A. MOODY, M.D., P.A.

Current Principal Place of Business:

1111 12TH ST.
206
KEY WEST, FL 33040

New Principal Place of Business:

1111 12TH ST.
112
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 2540
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 65-1022741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEACH, JIM
17190 AMBERJACK LN.
SUGARLOAF SHORES, FL 33042 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOODY, JANICE A
Address: PO BOX 2540
City-St-Zip: KEY WEST, FL 33045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MOODY, JANICE A
Address: PO BOX 2540
City-St-Zip: KEY WEST, FL 33045

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: JANICE A. MOODY

DR

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date